THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. XII. PHILADELPHIA, JULY, 1890. No. 7.

ORIGINAL COMMUNICATIONS.

*NOTES ON PHARMACOLOGY.**

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OPIUM.

I.—INTRODUCTION.

OPIUM: "the gift of God to suffering humanity, the dread agent of unimaginable pleasure and pain." This is the poetical description. A more prosaic definition is, the dried or inspissated juice of the unripe capsule of papaver somniferum, hardened in the air.

There are two official species of poppy:—

1. Papaver rhœas—the red or corn poppy, which is indigenous and grows wild in fields and waste places.

2. Papaver somniferum—the garden or opium poppy, a native of Syria and Egypt, but extensively cultivated in this country.

The fresh petals of the red poppy are used in the preparation of the syrupus rhœados or syrup of red poppy. It has little, if any, physiological action, and is employed as a coloring agent. Its color is heightened by the addition of acids. It is from the papaver somniferum cultivated in Egypt, Persia, Asia Minor, and India that we obtain our opium.

The word "opium" presents some points of interest. In a primitive sense it signifies any juice (ὄπος=succus). There was formerly a class of remedies known as "opiata" which did not of necessity possess narcotic properties, and into the composition of which the juice of the poppy in no way entered. The word opoponax is derived from ὄπος and πάναξ, the latter being the name of the plant which yields it. It is not uncommon to find a word which was originally used to express general characters subsequently applied to some specific substance possessing these characteristics in a pre-eminent degree. The word Ἀρσενικόν, from which arsenic is derived, was applied originally to all substances of a very active and poisonous nature. In a similar manner "verbena" or "herbena" was applied to all herbs held sacred in the rites of the sacrifice, although now it is used to indicate the plant in particular. "Vitriol" in its original application denoted any crystalline body having a certain degree of transparency. The term "bark" is used for the particular bark of all others most largely employed in medicinal practice. "Elatrium" was used by Hippocrates to signify any medicines given internally, especially those possessing purgative properties, and was not, as now, confined to the juice of the wild cucumber.

II.—ACTIVE PRINCIPLES.

Opium contains alkaloids, neutral bodies, and acids.

The Alkaloids of Opium.—The most important of these and the most commonly employed is—

1. Morphine, or morphia, discovered in 1816. It is to the presence of this alkaloid that the chief effects of opium are due. It may be amorphous or it may be crystalline. It is soluble in alcohol, and slightly soluble in ether and in water. Good opium yields from 6 to 12 per cent. of morphine. It is combined naturally with meconic acid, but forms other

* Abstract of Lecture delivered to First-Year Students.

salts, of which the following are the most important:—

(*a*) The acetate, met with as a white powder or in fine needles. It is soluble in water and in alcohol. At ordinary temperatures, it dissolves in 2½ parts of water. It is from this salt that the injection is prepared.

(*b*) The hydrochlorate, which occurs in plumose crystals. It is less soluble than the acetate, requiring 24 parts of water to dissolve it.

(*c*) The sulphate, which is in white acicular crystals. It is a stable salt, and dissolves in 23 parts of water. It is the favorite salt in the United States.

Derived from morphine is the hydrochlorate of apomorphine. Apomorphine is not an alkaloid contained in opium, but is a derivative of morphine. The hydrochlorate is made by heating morphine or codein for some hours in a sealed tube with hydrochloric acid. The morphine loses one molecule of water and undergoes an entire change in physiological action.

2. Codeina, or codeia, discovered in 1832, is the second most important alkaloid of opium. It is contained in the opium and is not derivative. It is probably methyl-morphine. It is in colorless octahedral crystals, soluble in hot water. From ¼ to 1 per cent. can be extracted from good opium. Codeine, like morphine, combines with acid and forms salts, but they are rarely employed. There is a derivative of codeine known as apocodeine. It is said to be prepared by removing one atom of water from codeine, and is analogous in action to apomorphine, and by some authorities is supposed to be identical with it.

Other alkaloids of opium are:—

3. Thebaia, or thebaine.
4. Codamine.
5. Cryptopia.
6. Narcotina.
7. Laudanine.
8. Papaverine.

The majority of these are of no practical importance, and are not worth remembering.

The neutral bodies contained in opium are:—

1. Narceia.
2. Meconine.

The acids contained in opium are:—

1. Meconic acid, used in the preparation of bimeconate of morphine

2. Thebolactic acid, probably identical with lactic acid.

In addition to these substances opium contains several resins, a variety of gummy, extractive and fatty matters, and various inorganic salts.

III.—IMPURITIES AND ADULTERATIONS.

The substances used to adulterate opium are pounded poppy-capsules, apricot-pulp, figs, stones, sand, clay, bullets, treacle, sugar, and cows' dung. Bullets and cows' dung are at a premium in opium-producing countries.

IV.—PREPARATIONS.

It is not worth while trying to remember the preparations of opium. There are only twenty of them, and they practically remember themselves. In the first place, there is the tincture of opium, or laudanum, the commonest of all the preparations, its strength being 1 in 14½. This is a simple and not a compound tincture. There is a compound tincture known as compound tincture of camphor, or English paregoric. It is called English paregoric because there is another preparation known as Scotch paregoric, the ammoniated tincture of opium. The strength, 1 in 14½, is common to several preparations of opium; for example, the wine is about the same strength, and so is the liquid extract. This is the liquid extract and not the solid extract, which is twice as strong as opium itself. The extract is frequently employed for making pills, but there are three official pills of opium—the compound soap pill (1 in 5), the lead-and-opium pill (1 in 8), and the pill of ipecacuanha and squill (1 in 23½). Just as there are four pills, including the extract which is used for making pills, so there are four powders. First, there is the compound opium-powder (1 in 10); then there is the compound ipecacuanha-powder, also 1 in 10; there is the compound kino-powder (1 in 20), and there is the aromatic powder of chalk and opium (1 in 40),—a diminishing series as regards strength. There is one other preparation, the strength of which is about 1 in 14½, and that is the ointment of galls and opium, used for piles. There are two other special preparations for the rectum—the suppository of lead and opium and the enema. Just as there are two special preparations for the rectum, there are two special preparations for the mouth,—the lozenges and the confection,—the latter being made up into little cylinders about an inch long. Finally, there are two preparations for the skin—the liniment and the plaster. Twenty in all.

There are one or two points worth mentioning about these preparations:—

The compound ipecacuanha-powder contains both opium and ipecacuanha in the proportion of 1 in 10. It is made up with sulphate of potassium. It is often said that this substance is introduced for its laxative effects, and to counteract the constipative action of the opium. This is nonsense, for there are only 8 grains in two 5-grain pills,—far too small a dose to have any effect. The crystals of sulphate of potassium are hard and angular, and they act mechanically in breaking up the other ingredients and insuring uniformity in the pill-mass,—a point of great practical importance. This powder is called Dover's powder,—not after the seaport, as has been stated, but in honor of Dr. Dover, who was a friend and pupil of Sydenham. He made a great deal of money as a privateer in the South Seas, and was subsequently elected a Fellow of the Royal College of Physicians.

Another point to remember is that the wine contains aromatics—cinnamon and cloves, and so on. The old opium-wine of the 1864 Pharmacopœia contained none of these bodies, and was frequently used for its anodyne effects on the eye. Elderly physicians, ignorant of the change in the composition of this preparation, still order the wine for this purpose, but if the present official compound is dispensed the effect on the patient is not of a soothing nature.

V.—UNOFFICIAL PREPARATIONS.

There are several unofficial preparations of opium which call for a passing word of notice:—

Sydenham's Laudanum, met with in many of the foreign pharmacopœias under the name of laudanum Sydenhami or tinctura opii crocata, contains saffron.

Battley's Sedative, the liquor opii sedativus, was once a favorite preparation, and is somewhat stronger than the tincture,—perhaps 50 per cent.

Dalby's Carminative contains opium, oil of peppermint, nutmeg, aniseed, and carbonate of magnesia. The proportion of opium is about $\frac{1}{6}$ grain to the ounce.

Black Drop or acetum opii is four times the strength of laudanum.

Nepenthe is a purified alcoholic solution of meconate of morphia in sherry.

Godfrey's Cordial is a mixture of sassafras, treacle, and laudanum, the strength being half a grain to the ounce.

Chlorodyne is not strictly a preparation of opium, but contains muriate of morphia (the hydrochlorate), prussic acid, chloroform, ether, rectified spirit, extract of liquorice, and peppermint, the usual strength being 2½ grains to the ounce.

Mrs. Winslow's Soothing Syrup is said to contain morphia, with essence of anise and syrup of tolu.

VI.—PHYSIOLOGICAL ACTION OF OPIUM AND MORPHINE.

When taken in small doses opium produces a condition of excitement evidenced by the pulse being fuller and quicker, and by the surface of the skin becoming warm and flushed. During the prevalence of this stage the patient has the power of directing his energies in any required direction. For example, if he desires to sleep, and the conditions are favorable, a repose of mind and body ensues which is eminently conducive to this end. If, on the other hand, he wishes to work, to write or study, or compose, or what not, he can do so with increased ease and power, accomplishing feats which, to him in the normal condition, would be difficult, or, perhaps, impossible. His imagination is more vivid, his thoughts flow more rapidly, and his powers of expression are enhanced.

The pulse in this stage is at first slightly quickened, but it soon resumes its normal rate, although it remains stronger and more resistant.

The mouth and pharynx become dry, and there is often a slight access of perspiration.

The after-effects are headache, constipation, dry tongue, and loss of appetite.

With still larger doses the stage of excitement is brief, and is followed by profound sleep, from which the patient can still be aroused. During the stage of sleep the brain is anæmic, both arteries and veins being contracted. After very large doses, the primary excitement is almost absent. Giddiness and a sensation of oppression ensue, followed by irresistible craving for sleep. There may be nausea and even vomiting. The sleep passes into profound insensibility, and the breathing becomes slow and shallow. The pulse, at first full and strong, becomes small, feeble, and thready; the face is pale or livid and bloated, and the veins are swollen. The power of

swallowing is gradually lost, the pupils become contracted to a pin's point and insensitive to light, the muscles relax, and the patient cannot be roused. Opium diminishes the action of all the secretory and excretory organs with the exception, perhaps, of the skin. It arrests the powers of digestion and causes constipation. Given in small doses in combination with ipecacuanha, it acts as a mild diaphoretic.

In frogs the functions of the nerve-centres are abolished in the order of their development. They have no higher centres to speak of, and they consequently escape. Their cords, however, are active, and the tetanizing alkaloids, such as thebaine, make their influence felt, the animal being thrown into powerful convulsions.

Birds are peculiarly insensitive to the action of opium, but morphine induces a fall of temperature often amounting to five degrees or more.

Upon dogs morphine acts very much as upon man, eight or ten grains inducing profound sleep amounting almost to coma.

A horse will take as much as thirty-six grains of morphine, and after a prolonged sleep recover.

There are many circumstances which modify the action of opium and morphine.

1. *Age* is undoubtedly an important factor, children being much more easily affected by preparations of opium than are adults. In this respect it presents a marked contrast to belladonna and other members of the same group, which are readily taken by young people without the production of physiological symptoms. Opium has to be given with great care to infants, even a few drops of laudanum added to a linseed-meal poultice and applied to the chest sufficing to induce symptoms of poisoning.

2. *Custom*, or tolerance, is another important factor. In Turkey and other Eastern countries, where the use of wine is prohibited by the established religion, it is consumed in immense quantities, either mixed with rich syrups and the juice of fruits to make it more palatable, or in small lozenges made up with spices and stamped with the words *Masch Allah*, "the gift of God." People who are in the habit of taking opium are not affected by even very large doses. De Quincey, for example, took as much as 320 grains a day, and could drink laudanum by the tumblerful. The custom of opium eating is very common in many parts of England, especially in the fen districts.

3. *Race* is not without influence, the Malays, for example, bearing it badly, and being excited by it to a condition bordering on mania.

4. *Elimination* has undoubtedly much to do with the effects produced. When the kidneys are diseased it is not readily eliminated, and symptoms of poisoning may suddenly make their appearance. It has been laid down as a rule that opium should not be given in Bright's disease or in bronchitis, and this, with certain modifications with respect to dose, may be taken as correct.

VII.—PHYSIOLOGICAL ACTION OF CODEINE.

Codeine on man has a hypnotic action, which is far inferior to that of morphine. Some patients will take as much as fifteen grains daily without becoming somnolent. Its most marked action is on the nerves of the abdominal viscera. When given for several consecutive days, it lessens the irritability of the digestive tract to such an extent that arsenic produces neither vomiting nor purging. It increases the irritability of the spinal cord, and in frogs produces languor, succeeded by convulsions and paralysis. In mammals it causes some drowsiness, and appears to stimulate the motor centres in the brain. It is probable that it has no advantages over morphine, whilst it is somewhat uncertain in its mode of action. Codeine was formerly supposed to be preferable to morphine in the treatment of diabetes, but there is no good clinical evidence in support of this view.

The other alkaloids of opium call for but little comment. Thebaine is a tetanizing agent, and is allied in action to strychnine. Narcotine produces no narcotic action, and might more appropriately be named "anarcotine." Cryptopine is remarkable from the fact that it dilates the pupil. Narceine is said to be a hypnotic, and to be more powerful than morphine, acting at the same time as a laxative. Papaverine is said to possess strong narcotic effects without inducing excitement. Many of these statements rest on very imperfect evidence.

VIII.—APOMORPHINE.

Apomorphine is a powerful emetic, and is extensively used for the purpose. A dose of a tenth of a grain given hypodermically—five minims of the injectio apomorphinæ hypoder-

mica—speedily evacuates the contents of the stomach. It is of much value in cases of poisoning. It is not in any way allied to morphine, and may be used with advantage in cases of narcotic poisoning. Given in this dose it rarely produces collapse, and may be employed with perfect safety. In addition to being a powerful emetic, it is a valuable expectorant. In doses of a tenth of a grain three times a day by mouth, it facilitates the expectoration of phlegm, and does not induce vomiting. Even as much as 20 minims of the official solution (1 in 50) may be given frequently with perfect safety. It stimulates the respiratory and vomiting centres and increases the secretion of bronchial mucus.

There is only one preparation of apomorphine in the Pharmacopœia, a 1 in 50 solution of the hydrochlorate. It is called the injectio apomorphinæ hypodermica, although it is employed quite as frequently in cough-mixtures and linctuses as it is subcutaneously. When the emetic effect is required, it is injected under the skin, whilst for its expectorant action it is given by mouth. It is made with camphor-water, which is an undesirable medium. It rapidly turns green on exposure to the air, but undergoes no change in physiological action. The direction that it should be prepared as required for use is unnecessary and misleading, as it retains its properties unimpaired for at least a year. In cases of poisoning the solution is required at once, and there is no time to send to a chemist to get it made up.

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*A REPORT OF SIX CASES OF VAGINAL HYSTERECTOMY.**

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IF any apology is needed for presenting a series of cases before this Society, I would plead the gravity of the condition for which this operation is done, and the fact that the value of the operation itself is considered by many prominent workers in the profession as still *sub judice*.

It is only by the accumulation of cases that we are enabled to judge of the practicability and expediency of any procedure. The removal of the uterus is an old operation, having been done as early as 1560. It was removed by the vagina by Sauter in 1822, and the operation repeated by Langenbeck, Blundell, Recamier, and others, until West could report 25 cases with 22 deaths. So frightful a mortality was not conducive to the continuance of its practice.

The modern operation was introduced by Czerny in April, 1879, but he was impressed so unfavorably with the operation that his next two operations were done by Freund's method, and it was only after the operation was successfully performed by others that he returned to the vaginal method.

Although the operation has been accepted with hesitation by many operators, yet statistics can be furnished of several hundred operations and as many as eighty individual operators.

The writer can present but 6 cases, the histories of which are as follow:—

Case I (reported in the Philadelphia Medical Times, March 15, 1889, page 409).—Mrs. McC., aged 40 years, mother of two children, was seen with Dr. Nock. She had suffered from hæmorrhages, pain, and an offensive discharge for some months. Competent microscopists had pronounced the disease malignant. The uterus was freely movable and the disease confined to the cervix.

October 4, 1888, assisted by Drs. Nock, West, and Rively, and Messrs. Croskey and Maier, the uterus was removed. The patient was placed in the lithotomy position, the vaginal mucous membrane cut through with the knife and the tissue pushed back before and behind, until the peritoneum was reached; the latter opened posteriorly and a large sponge introduced, the latter with a string attached, by which it could be more readily removed. In the care to avoid injuring the bladder, the dissection was carried into the body of the uterus, thus lengthening the time required for the operation. The dissection was completed by passing two fingers behind the uterus and over the fundus. After opening and tearing off the anterior peritoneum, the organ was anteverted, the broad ligament seized with forceps, and the uterus cut away. The forceps sprung, permitting a portion of the ligaments to slip out. Some bleeding vessels were seized with the hæmostatic forceps, so that the patient was placed in bed with eight forceps hanging from the vagina. The only dressing was a tampon of iodoform gauze. No sutures and no further drainage. Duration of operation

* Read before the County Medical Society, May 29, 1890.

one and one-half hours. The small forceps were removed at the end of thirty hours; the large ones were permitted to remain sixty. The convalescence was very satisfactory, and not attended with an unpleasant symptom; maximum temperature, 100° F.

August 23, 1889, I made a careful examination of this patient and found the tissues healthy. General condition good.

May, 1890. This woman has recently nursed a couple of patients for me and expresses herself perfectly well.

Case II.—Mrs. D., aged 51 years, the mother of several children, ceased to menstruate at 46; a year ago she had a bloody discharge which at times amounted to hæmorrhage. She was pale and weak; the cervix was healthy, the body of the uterus enlarged and hard; the introduction of a small probe was followed by bleeding. Scrapings obtained by curetting the cavity were negative. The age of the patient, the interval since the menopause before the return of the flow, the size and density of the body, with frequent lancinating pains, led to the diagnosis of probable cancer of the uterine body.

February 14, 1889, vaginal hysterectomy. After separation, front and back, the uterus was with difficulty anteverted, clamps applied, and, after some effort, the uterus removed, the parts carefully sponged, and the tampon introduced. The clamps were removed at the end of seventy-two hours. Temperature immediately after the operation, 96.2° F. Subsequent progress normal. The examination of the uterus did not confirm the diagnosis of malignant disease. Duration of the operation, thirty minutes.

Case III.—Mrs. S., aged 42 years, the mother of two children, has had hæmorrhage for two years, with considerable pain and an offensive discharge. The uterus was freely movable; no thickening of the broad ligaments, but the cervix was excavated and the vaginal portion destroyed. July 2d, the cavity was curetted and packed with iodoform gauze.

July 5, 1889, assisted by Dr. Wathen, of Louisville, Dr. Sangree and Mr. Maier, extirpation was done. The operation was rendered difficult by the loss of the cervix, by a long, narrow vagina, and the inability to depress the uterus, which was also hypertrophied. The uterus was situated so high that it was impossible to pass the finger over the fundus to bring down the broad ligament; so the latter was burrowed through below the ovarian artery and the clamp applied on either side, the portion of the ligament compressed, cut through, which permitted the uterus to be depressed until forceps could be applied above the ovaries, and those organs removed with the uterus. Duration of operation, thirty-five minutes. Temperature, 95° F.; became normal in a few hours. Subsequent progress excellent for one week. Played with a pet dog on the seventh day; following day complained of stiffness of the jaws, which developed into severe tetanus, and death occurred on the fourteenth day.

Case IV.—Mrs. L., aged 48 years, seen in consultation with Dr. M. J. Cummings, October 19, 1889, gave the following history: She has had seven children and four miscarriages. Her labors were easy, except the last, in which it was necessary to resort to instruments. This occurred five years ago. Two years since she had a miscarriage, following which she has been subject to hæmorrhages. Her menstrual flow increased in duration from three to six days, and was very profuse. The flow has failed to appear three times during the last two years. Four weeks previous to my first visit she had been suffering from continuous bleeding. As a result, she was confined to bed, was very weak and bloodless, and had lost considerable in weight. The vagina and vulva showed traces of recent hæmorrhage. The cervix was lacerated, the posterior lip enlarged, and its mucous membrane everted, abraded, and hypertrophied. It bled slightly during the examination, but not sufficiently to account for the previous bleeding. The body of the uterus was enlarged, elongated, and retroverted. The uterus was freely movable, and there were no indications of the extension of the disease from it to either the vagina or broad ligaments. A section of the diseased posterior lip was removed and subjected by Dr. Laplace to microscopical examination, who pronounced it epithelioma. Extirpation of the uterus was advised.

October 31, 1889, this operation was done at the Medico-Chirurgical Hospital, in which I was assisted by Drs. West, Cummings, and Laplace, in the presence of a number of students and physicians.

The operation was rendered difficult by the size of the fundus. Duration of the operation, thirty minutes. Upon opening the uterus the

lining membrane of the entire body was found involved. The temperature fell after the operation to 96°, but reached normal in a few hours. Upon the sixth day the temperature began to rise, and continued between 101° and 103° for several days. The patient left the hospital at the end of the third week.

May 28, 1890. I have been informed to-day that she is now in excellent health.

Case V.—Mrs. S., aged 45 years, was seen in consultation with Dr. James Sibbald, at Wissahickon. She was the mother of several children, and had enjoyed good health until within a year, when uterine hæmorrhage set in and occurred every few weeks without reference to menstruation.

Examination disclosed a healthy cervix. The introduction of the sound was followed by a discharge of blood; the body of the uterus was somewhat enlarged, and this, with the pain and irregular hæmorrhage, led us to believe that she was suffering from cancer of the body of the organ. The extirpation of the uterus was advised, and the patient was admitted to the Medico Chirurgical Hospital, January 18, 1890, for that purpose.

January 20th, operation. The procedure was rendered more difficult by a large fundus, small vagina, and firm ligaments. Duration of operation, thirty-five minutes. Temperature following the operation, 96 degrees. By carelessness of the nurse, during the shock, she was burned by contact with a hot bottle. She suffered greater inconvenience and distress from this burn than she did from the operation. Her temperature was 100.1° January 21st; 101.1° January 23d; 101.4° January 24th; 103.4° the 25th; the following day it fell to 102°, and rose again to 103.4° on the 27th. It reached the normal on the 30th, and continued near the normal line thereafter. This elevation of temperature was due in part to the burn, from which there was a considerable slough, and in part to the sloughing in those portions of the broad ligaments which had been included in the grasp of the clamps. The patient entirely recovered, and has since been in good health.

The specimen disclosed that the hæmorrhage had arisen from a small submucous fibroid situated near the fundus uteri. A number of fibroid growths were found in the walls of the organ, so that the operation, while rather severe, may be said to be an effectual method of cure.

Case VI.—Mrs. H., sent to my service at the Philadelphia Hospital by Dr. Kobler, gave the following history: She was aged 41 years, mother of several children, and had suffered for a number of months from uterine hæmorrhage, attended with the discharge of small patches of tissue, and with considerable pain. The cervix presented a granular, friable surface, which bled upon the slightest pressure. The condition was diagnosed as epithelioma. The uterus was freely movable, no involvement of the vagina or the broad ligaments. Operation March 20, 1890. Duration of operation, fifteen minutes. Clamps were removed in twenty-four hours. The temperature following the operation, 96.3°; on the second day, 101°; from this time it continued between normal and 100.2° until the fifteenth day, when it reached 103.2°. It remained high for the next week, when it subsided. The patient has since fully recovered.

Six cases are too few, and the time which has elapsed since they were operated upon too short, to base a judgment upon the value of the operation as a curative procedure. A careful study of the progress of the disease, however, would, I think, lead us to feel more hopeful for the future of the patient suffering from uterine cancer, in whom the whole uterus has been removed.

The number of cases, with the results, are sufficient to demonstrate that the operation is not the exceedingly dangerous one it has been regarded.

Of this series of cases, four (I, III, IV, and VI) were undoubted cases of malignant disease; one (II) doubtful; and one (V) multiple myoma. Case I, having survived the operation nearly twenty months without any indication of retrogression, has nearly reached the limit (two years) at which she may be claimed as cured.

Operators differ greatly as to modus operandi. In this series, hæmorrhage from the great vessels in the lateral ligaments was avoided by compression with forceps or clamps. Case I had a number of forceps applied; Case III, a pair of forceps and clamps on either broad ligament; Case VI had an extra pair of forceps in addition to the clamps.

This method of *compression* seems preferable to the ligature, both in the security against hæmorrhage and the rapidity with which the operation can be performed. In Case VI, in

whom the uterus was readily depressed and the vagina patulous, the entire operation was completed in fifteen minutes.

In the first two operations the fundus uteri was drawn down and everted anteriorly before the clamps were applied, while in the remainder the clamps were applied alongside the organ in its normal position. By the latter method there is less danger of infecting the peritoneal cavity.

In conclusion, we believe that the experience of the present day justifies us:—

1st. In urging the performance of vaginal hysterectomy in all cases in which any part of the uterus is the seat of malignant disease, providing only that it cannot be demonstrated that the disease has already passed beyond the confines of this organ.

2d. In advising the use of compression forceps or clamps, as the preferable method of controlling hæmorrhage.

3d. In claiming that the operation can be done, in suitable cases, as safely as ovariotomy, and is to be as urgently recommended.

1818 Arch Street.

BLEEDING IN PNEUMONIA.

By C. R. EARLEY, M.D.,
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THIS day (April 12, 1889) is the forty-third anniversary of the last time I used the lancet in a case of pneumonia. On Sunday, April 12, 1846, I was called to see George Clyde, a young man about 23 years old, and found him very sick of pneumonia. At that time it was considered malpractice to neglect to bleed at once. In this case I at once took from my pocket-case of instruments a thumb-lancet, after putting the proper bandages on the arm preparatory to bleeding. The family were very decided that I must not use a thumb-lancet, as they all called it a "butcher-knife," and, owing to the condition of the pulse and the high grade of fever, and as it was in those days considered certain death in those cases to omit bleeding, I, unlike my usual decided stand in all cases, without consulting or regarding the pleading of patients and friends, sent to a convenient store and purchased a spring-lancet; and, although I had been taught while a student, and at our school in New York State, that a spring-lancet never should be used, as it was not a surgeon's instrument and could not be controlled,—that the cut was uncertain, a mere guess and experiment,—yet in this case, after several unsuccessful attempts, I succeeded in bleeding him.

About this time I called to see another young man about the same age, a cousin of Clyde's, by the name of David Worden, who had also pneumonia, and the pulse and fever were fully equal to Clyde's case. I here also took my thumb-lancet, with the same determined protests as before. I therefore took my newly-purchased spring-lancet, and, after several unsuccessful efforts to strike the vein, as every time I would spring it my hand would tremble and would retract for fear of cutting where I should not, finally the blade of my spring-lancet broke and landed across the room. I picked up the piece of blade and the rest of what was called in that part of Pennsylvania the instrument, and threw them as far as I could out of the back door, and turned to him with my own lancet, but only met with the same positive refusal to have a thumb-lancet used. I then refused again to use this bungling instrument, and would clear my conscience. I therefore gave notice that I would not bleed him, and if he died it was not my fault. I at once ordered free friction over the chest, and, in fact, the whole body bathed with warm salt water and mustard to the feet; also a solution of antimonium tartarizatum every hour and pulvis ipecac in 2-grain doses every two hours, and the bathing and friction to be kept up. This was persisted in up to the following Tuesday (two days), when the breathing was easy, the cough loose, and the expectoration free, also the body moist; and the next Saturday (the sixth day) my patient was up and about the house and yard; while the patient with whom I used blood-letting, with like treatment, was able to get up and out with the help of a cane in about six weeks. These two young men had been down the river on a raft, when a heavy storm came up (rain, snow, and sleet), and they came home together, and were taken sick the day before I saw them.

Since that time I never have used the lancet, and in every case the result was the same as in the case of Worden. I write this on the forty-third anniversary of throwing away a lancet in pneumonia, and have up to this time never lost a case of that disease. Of course, after the active stage is past, we use, as the expectorant, squills, senega, carbonate of ammonia; and stimuli, such as whisky, brandy, etc.; and free bathing with bay-rum, etc.

ANTIMONY HYPODERMICALLY FOR APOPLEXY.

By J. F. BIRD, M.D.

I HAVE been for a considerable time intending to write you in reference to the use of antimony, hypodermically administered, in the treatment of apoplexy. Its sedative action is highly indicated, whether the condition be arterial or nervous excitement, or both combined.

I used it first in the case of the late Dr. James McClintock. On reaching the house I found the doctor lying on the floor, having fallen from the sofa on which he had been sitting. The respiration was hurried, but there was no stertor. Pulse 120, but not full or strong. Three or four doctors, who had preceded me, pronounced the case hopeless. No medicine could be administered by the mouth, and blood-letting was inadmissible. I immediately injected a half-grain of antimony—tartar emetic—hypodermically, and very soon the pulse began to fall and the hurried respiration abated. In half an hour I repeated the operation and soon found all the bad symptoms subsiding, and the patient passed a quiet night. Next morning he was perfectly conscious, and made a rapid recovery, so far as the apoplexy was concerned.

My next case was a Mr. Klein, who had fallen to the floor very suddenly, but with symptoms very different from those of the previous case. This man had violent convulsions, a rapid and full pulse, with stertorous breathing. Two physicians were with him and regarded the case as *in extremis*. At my suggestion one of them injected a fourth of a grain of antimony hypodermically, and in a few minutes the stertorous breathing became less marked, the pulse began to fall, and the convulsions became less violent. The doctor injected another fourth of a grain of antimony, when all the violent symptoms abated. Two hours afterward the man sat up and was taken to his home.

A month ago I was called in the night to see a Mr. Hance, who was seized in a manner similar to the foregoing cases. He was convulsed; skin hot and red; pulse greatly accelerated, but not very full or strong. Respiration was greatly quickened and breathing stertorous. He was perfectly unconscious. I resorted at once to the antimony, using a fourth of a grain, which had a marked effect upon the symptoms. In about twenty minutes I repeated the dose and had the satisfaction of seeing all the symptoms subside and a state of semi-consciousness return. In this case, because of the general turgidness of the face and neighboring integuments, I had a few cups applied, but allowed but little blood to be taken. There was no further trouble, and in a few days he was able to resume business.

In all of these cases there was some inflammation at the point of insertion, but not more than frequently follows the hypodermic use of morphia.

These three well-marked cases have satisfied me that we have an invaluable agent at command, in cases of apoplexy, in the use of ant. et potass. tart., hypodermically administered.

600 North Eleventh St., Philadelphia.

FEEDING IN THE WASTING DISEASES.*

(Continued from June number.)

By EPHRAIM CUTTER, A.M., LL.D.,

M.D.: HARVARD, 1856, AND UNIVERSITY OF PENNSYLVANIA, 1857,

Author of Boylston Prize Essay for 1857 on "Under What Circumstances do the Usual Signs Furnished by Auscultation and Percussion Prove Fallacious?"; Corresponding Member of the Belgian and Italian Microscopical Societies; Honorary Fellow of the Society of Science, Letters, and Art, London; Principal Medical Department of Instruction of the American Institute of Micrology, etc., etc.,

AND

JOHN ASHBURTON CUTTER, M.D., B.Sc.,

NEW YORK CITY.

Second Section.—The Fatty and Fibroid Degenerations.

I. Bright's Disease: 20 Cases.
II. Fibroid Tumors: 18 Cases.
III. Cancer: 12 Cases.

I. Bright's Disease—Twenty Cases.

We do not consider any case full-fledged Bright's disease unless there are in the urine albumen, casts, and fatty epithelia.

We are continually getting cases which may have any one or two of these three signs; such cases are hovering on the border-line of health and well-marked disease, and are very amenable to treatment. Such wavering from health would oftener be detected if physicians would make more thorough examinations of the urine; taking six specimens from six consecutive days, it is wonderful to see the variance from day to day.

* Continuation of report presented to the Committee of Dietetics of the American Medical Association, held at Nashville.

[The following is an abstract.]

Cases that would have been Diagnosticated Earlier if they had been more fully Examined.

Case I. Woman, aged 30, 1883. Called tuberculosis. Blood normal. Urine albuminous, and contained casts and fatty epithelia. Sputum copious. Bright's disease of lungs and kidneys, not treated. The urine had not been examined before in this case.

Case II. Man, aged 50, 1885. Bright's disease and diabetes. Disease had not been detected. Treatment of no avail. Too late.

Case III. March, 1885. Called nervous prostration by a homœopath. When urine was examined later by senior writer, disease found to be Bright's. Treatment by her cousin of no avail, though a Harvard graduate and thoroughly equipped. Again too late.

Deaths.

Case IV. The late Dr. Elsburg. Bright's disease of lungs and kidneys. Great improvement. Death on resumption of old modes of life.

Case V. Bright's disease of kidneys and lungs. Improvement. Death from handling his own case, thus eating wrongly, overworking, and allowing himself to be poisoned by sewer-gas.

Case VI. March, 1889. Woman, aged 50. Bright's disease of lungs and kidneys. Death, September, from pneumonia. Disease somewhat arrested.

Case VII. Bright's disease of kidneys. 1885. Man, aged 50. Convulsions like that of a puerpera. Chloroform to neck. Urine cleared up by diet. Took cold from riding in open carriage. Death from bronchitis.

Case VIII. Man, aged 50. October, 1885. Bright's disease of kidneys. Nearly blind. Case improved. Very nervous. Services discharged. Death in a few months.

In Progress.

Case IX. Man, aged 60, 1886. Bright's disease of kidneys. Great amelioration of pains and improvement of urine. April, 1890, disease returning, and will die if work is not given up, at which he labors constantly.

Case X. Woman, aged 40, 1883. Bright's disease of kidneys. No improvement until she came into our family. Then followed diet, and urine cleared up. Disease has returned, though alive, April, 1890. Not on treatment.

Cases Cured; that is, that are Well, April, 1890, with Kidneys Acting Rightly.

Case XI. Man, aged 46. January, 1886. Bright's disease of kidneys, cirrhosis of liver, and enlarged heart. Considered absolutely hopeless.

(Note the result is understood to be according to the reading of the heading.)

Case XII. 1880. Acute fatty degeneration kidneys, placenta, and cerebral blood-vessels. Has since borne two children.

Case XIII. Woman, aged 35. October, 1885. Not as serious as some of the cases.

Case XIV. Woman, aged 25. 1886. Unusually large number of casts and fatty epithelia in urine.

Case XV. Woman, middle-aged. 1877. Had decided to transfuse blood. Well, April, 1886.

Case XVI. 1879. Man, aged 60.

Case XVII. 1881. Man, aged 60.

Case XVIII. 1884. Man, aged 24.

Case XIX. Girl, aged 13. 1884. Scarlatina. Menses appeared when eruption was at its height. Two years to get well.

Case XX. Woman, aged 46. Fibrous consumption. Bright's disease of kidneys and small fibroid tumor of womb. 1886. Tumor gone. Cough gone. Urine normal.

II. Fibroid Tumors—Eighteen Cases.

[The following is an abstract.]

Tumors Held in Statu Quo.

Three cases. The first: Immense abdominal fibroid, woman aged 60. Shall soon apply galvanism by deep abdominal puncture.

Second: Small tumor; would go away probably if the woman would allow herself to rest.

Third: Large abdominal tumor, which did not diminish till galvanism was applied by abdominal puncture, though diet helped her very much.

Tumors Reduced and Patients Made Comfortable.

Five cases; all uterine. Four large tumors; the fifth, small and back of uterus. All greatly improved; tumors arrested and reduced. These would be called a cure if done by the Apostoli method of giving galvanism. (Which method, by the way, was employed by the senior writer in his first operation in 1871.)

Tumors that Disappeared.

Ten cases. Seven, uterine fibroids; four, large abdominal tumors; three cases of smaller abdominal and pelvic tumors.

One case of tumor of the breast. One of fibroid of the stomach. One of tumor of the neck which might be called tuberculous.

III. CANCER—TWELVE CASES.

[The following is an abstract.]

Case I. Cancer of the face, so called by eminent men in the American Medical Association, at the Philadelphia meeting, 1847. Treatment by knife and caustic had only made disease return and sore more ugly. Diet of bread and milk removed tumor and healed sore.

Case II. Tumor of scapula as large as a pint-bowl. In practice of the late Dr. A. Twitchell, Case I of this series. Diet of bread and an infusion of water-dock. Disappearance of tumor.

Case III. Attendant, E. Cutter. Woman, aged 40. Uncle dead of cancer. Her case, cancer of womb. Disappearance of growths by rigid diet of beef.

Case IV. E. Cutter, attendant. Woman, aged 50. Cervix enlarged laterally to sides of pelvis. Rough and bleeding. Opium-eater. Rigid diet; iodoform locally. Great improvement. Death on discontinuance of treatment and resumption of opium.

Case V. Consultant, E. Cutter. Cancer of carpal bones and axillary glands, 1882. Said to be hopeless by attending physicians. Amputation at middle forearm. Animal-food diet. Alive, 1890. Disease in axilla quiescent.

Case VI. E. C., attendant. Woman, 35. Cancer of womb. Improvement and arrest of disease; discontinuance of treatment; death.

Case VII. Woman. Attendant, E. Cutter. Sister of Case VI. Knobbed enlargements of os and cervix uteri. Strict diet. Disappearance of tumor. Alive eight years later.

Case VIII. E. Cutter, attendant. Cancer of womb; discharged from hospital to die of that disease, 1882. Reduction and disappearance of disease by diet. Well, April, 1890.

Case IX. Attendant, E. Cutter. Woman, 40. Four tumors back of womb. Valvular diease of heart. Tumors disappeared by rigid diet of beef. This in 1876. Woman alive and well, April, 1890. Her father had died of cancer of stomach.

(For full account of these nine preceding cases, see Albany Medical Annals, July and August, 1887, "Diet in Cancer," by E. Cutter.)

Case X. Attendant, E. Cutter. Disease in both breasts. Tumors diminished in size by diet. Caught cold from exposure; pleurisy; cancer-cells found in fluid aspirated from chest; death.

Case XI. Man, aged 60. E. & J. A. Cutter, attendants, latter part of illness. Cancer of larynx. Tracheotomy had been done. Wore tube. Suffered much pain. Wished to try food treatment. Did little good, as he could eat but little, and that finally fed to him through a catheter in fluid form. Literally starved to death. A man of great heroism, the late Dr. Wm. S. Hurlocke, of Philadelphia.

Case XII. E. Cutter, attendant. Woman, 40, 1881. Vomitus composed of a black, grumous fluid; tumors of womb and stomach. Relieved and in fair health, April, 1890.

RATIONALE.

We would have liked to present more of our cases of Bright's disease, tumors, and cancers, but space does not permit. A few words must be given as to our ideas in attacking these cases mainly by food.

The word nephritis gives us little light as to the real causes of Bright's disease. We would say, as to our belief, that the disease is commonly an expression of a systemic condition, either a fatty or a fibroid degeneration; that the fatty may be acute or chronic, the fibroid most always chronic. Some have thought, because they found ganglia fattily degenerated, that the renal disease was the sequence. But we ask what was the cause of the ganglionic degenerations?

The answer is: In the food eaten, in the air breathed, in the modes of life, the clothing worn, the amount (too much or too little) taken of exercise, our ways of thought, of carrying on our business, whether we are intemperate, etc., etc. In these long-continued and steadily-acting causes is to be found the explanation, and, until the causes of disease are understood, few men will treat them intelligently and successfully.

The cases that we have treated have been studied as far as we were able, on all sides; we wished to know all that could be found out about the patient's life. This may seem too simple; but, gentlemen, concrete things, not abstract, cause disease. But, to be more particular, let us consider the food part of the question.

Starch and sugar contain but three chemical elements, yet they make up a large part of the diet of many.

The old saying is, that "You cannot get blood out of a stone;" certainly phosphorus and nitrogen, to say no more, cannot be made out of carbon, hydrogen, or oxygen; so on the side of chemistry alone, if a man or woman will perist in feeding on starch and sugar, it must not be expected that nature will break her laws and change her elements into others.

But, the excessive feeding of starch and sugar will, in time, produce the carbonic acid, and later on acetic-acid fermentations in the alimentary tract. Carbonic-acid gas is a poison; it paralyzes and kills men and animals when breathed; yet how many live with their stomachs bloated with this gas, wonder why they have heartburn, and their families mourn when they drop suddenly in the street from heart paralysis, due to this same gas; or they keep on their way living in spite of their vicious feeding, and the long-continued paralysis may result in a fibrous degeneration of the lungs, the stomach, the liver, the kidneys, or the spinal cord; or nature, instead of building fibrous tissue under this slow-going paralysis, (for it is well to remember that nature does her best always), will lay in fat in these tissues, and keep the bulk of them intact just as long as she can.

A man on treatment for locomotor ataxy was much improved; meeting a friend on Fifth Avenue, he said: "I want to go into Delmonico's and eat a big dinner; will it hurt me?" His friend was a physician, but knew nothing about his treatment; he, however, said: "It will not hurt you." The man followed his advice, filled himself up with fermenting and fermentable food, with the result that the ataxia came back immediately; why? because the spinal cord was temporarily paralyzed by the carbonic-acid gas. The same thing we have seen within a year in a case of a boy on treatment for the same trouble; his fond mother let him have ice-cream and a big dinner, and his legs were almost immediately paralyzed.

April, 1890. This boy is as bright and lively as most any of his age.

The various fibroid tumors are also instances of degeneration. Nature is doing her best; but she cannot lay down healthy tissues, so she builds with the poorest, to wit, the fibrous tissue. If this is not so, gentlemen, why did our cases recover? Granted, we kept them quiet (when we could) and used every medical means our humble knowledge permitted us to prescribe; yet the main idea, and held to firmly, was that these were diseases of nutrition, and must be attacked on that ground.

Cancer.

A woman of fine mind was attacked by two tumors in her sixtieth year, one just anterior to the right ear, the other below the right breast. By careful attention to her diet so that she lived plainly, by the use of alcoholic baths, and by keeping her life in as even tenor as possible, she lived till she was over ninety, and then died of her disease, which was called cancer. The tumor on the head had extended to the external angle of the eye; the tumor on the breast killed her.

A boy aged 10 years, an orphan, picked up a precarious living setting up ten-pins in a billiard-alley; he was beaten with one and thrown out; the disease fungus hæmatoides commenced; when found, he was on the railroad track; the town authorities supported him as a pauper and the disease, before his death, took in a great part of his body.

A woman carried for thirteen years a large abdominal, multilobular, subperitoneal, and pelvic fibroid. One early spring she was compelled to move into a house (situated in marshy lands) which had not been used during the winter; she took cold, was overworked, and the disease changed into cancer, attacked the bladder, and caused death.

A young man of 30, who had lived a riotous life, died in great agony from no known cause. Post-mortem showed at least one hundred tumors in the peritoneal cavity, on the bowels, liver, and other organs; the disease had invaded the vertebræ and the lungs. This man had money enough to buy good food, but used the wrong.

A woman, aged 35, was deserted by her husband; she sued for divorce and won her suit. In the meantime cancer appeared in the womb; the disease was arrested and held back for two years, but finally caused death.

In 1887 (Albany Medical Annals, July and August) the senior writer defined cancer to be "tissue under mob law," "tissue rioting," tissue that the body systemic cannot govern,

and hence the reversion to embryonic types and the frightful results sometimes seen in this overthrow of the law of the body systemic.

The blood, *i.e.*, in our work, which extends over many years, does not show morphologically any causes; in the end it is impoverished, but we must say with all candor that we do not consider that cancer is a blood disease, but a tissue disease; this is confounding perhaps our present ideas, but disease has many phases, and we must not look on these matters from one side alone.

You may call, if you please, the cases that recovered not cancer; but the fact remains that they were very sick people before the treatment, and are not so now. Let this committee take this idea, that cancer is tissue under mob law, and then attack it under all of the chances offered to promote nutrition, and the members report, in another year, the results. We could give you more cases, those under treatment at the present time. One case where the right breast had been removed, the disease returned, it was burnt out with cautery, and finally came under our care, last August, with a sore 4 inches long, 4 inches wide, and 1 inch deep, pouring out the most filthy and stinking discharge. April, 1890, this woman is still alive; the sore is smaller; the discharge less. The treatment has been a rigid diet of chopped broiled beef, the application of tannic acid and quinine ointment to the sore, these applications agreeing better than anything else; hæmorrhage is now not frequent. Still, her chances of recovery are very small.

We leave this part of our subject till treatment is considered.

CLIMATE OF TARPON SPRINGS, FLORIDA, ESPECIALLY FOR DISEASES OF THE SKIN.

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA, PA.

IT is only within the past few years that the value and advantages of the Western or Gulf coast of Florida as a health- or pleasure-resort have been properly appreciated, one of the first writers to call attention to this locality being Dr. R. J. Levis, of Philadelphia. Habit and the superiority of modes of transportation have, until very lately, led Northern visitors almost solely to Jacksonville, St. Augustine, and along the St. John's and Indian Rivers. The objections to St. Augustine and Jacksonville as healthy places of residence for invalids have been pointed out by Dr. J. M. Keating, of this city, who expresses a decided preference for the climate of the interior of South Central Florida. The claims of Dr. Keating in regard to the virtues of an inland situation may be cheerfully conceded without at all invalidating the truth that many and, perhaps, the large majority of valetudinarians will receive more pleasure and benefit from a sojourn upon the coast.

Tarpon Springs appears to the writer to possess equal value as a sanitarium to inland situations, with the very important addition of the pleasures and benefits to be derived from the immediate vicinity of salt water and sea-air. Tarpon Spring is situated in Hillsborough County, near the 28th degree of north latitude. It is distant but about 2 miles from Clearwater Bay, with which it communicates by a bayou. An interesting boat journey down this stream brings the traveler to the bay, a large and beautiful inlet of the Gulf of Mexico. On the shores or upon the bosom of this expanse of water the tourist may enjoy to the full the invigorating pleasures of bathing, sailing, shooting, and fishing.

Tarpon Spring is fed by one of those subterranean streams which flow through the cavernous limestone forming the basis of the peninsula. Its waters, on gaining the surface, are collected in a basin and spread out into a beautiful miniature lake, the surface of which is several acres in extent. The water of the lake is impregnated with sulphur and iron. It is well adapted for rowing, fishing, and bathing. Through the bayou of which mention has been made its waters descend to the bay.

The tract of country in which the spring is situated is the highest along the Gulf coast. It is surrounded by thickly-wooded, rolling ground. The soil is a sandy loam, and under the influence of water very productive. The finest Florida oranges are raised in the immediate vicinity. Irish and sweet potatoes, pease, tomatoes, and Indian corn grow in profusion. Lemons, limes, olives, figs, walnuts, Japanese plums, chestnuts, pineapples, alligator pears, peaches, guavas, and bananas are among the productions of this favored spot. The principal trees are the pine and red cedar, whose aromatic exhalations are distinctly perceptible in the atmosphere. Thus, upon one side of the spring the invalid derives the benefit of the sea-

coast, while upon the other he has the advantage of the great pine-forests.

The waters of Tarpon Spring and its bayou teem with fish. To the disciple of Izaak Walton they constitute a veritable Paradise. Several of the varieties of fish found in the Gulf are of the most exquisite flavor. The highly-prized green turtle is likewise common. The varieties of birds found here exceed those of any other State. Land-fowl and water-fowl, waders and swimmers, are found in abundance. Songsters and birds of brilliant plumage add animation and beauty to the woods.

Attractive drives and walks surround the Spring. Carriage-riding or horse-back exercise are equally available to the invalid, according to his taste or strength.

Such, in brief, are the scenery and natural attractions of this beautiful region. And the virtues of its climate are in strict correspondence. In the first place, it seldom or never becomes really cold. The average temperature of the colder months varies between 65° and 70° F. A fire, in fact, is seldom needed except for culinary purposes. The westerly winds are moderated by the specific heat of the large body of water over which they blow, while easterly currents are warmed by radiation from the whole width of the peninsula which they have traversed. Notwithstanding its proximity to the Gulf the atmosphere is comparatively dry. This statement rests upon no mere theory or fancy, but upon the records of the United States Signal Station at Punta Rassa, as Dr. Levis has shown. Again, nowhere are the conditions of purity of atmosphere more exactly fulfilled than at a place which, like Tarpon Spring, is exposed upon one side to an ocean breeze, and upon the other to air laden with the balsamic emanations of great pine-forests. Constant air-currents contribute to constant purification. As upon the South American pampas, meat may be exposed unprotected for days and weeks without undergoing decay.

Thus nature invites and the climate permits every variety of open-air exercise, entertainment, or sport. Every taste, every capacity may be suited. The invalid lady and the weakly child may swing upon the hammock, be rowed upon the lake or stream, or may be carried into the heart of a primeval pine-forest. Vivacious youth may picnic, ride horseback, dance, bathe, row, sail, fish, or shoot. Exhausted nerve-energy may be restored by idle communion with nature. Bedroom windows may be fearlessly left open by the most confirmed hypochondriac.

Civilized man may thus, as closely as possible, lead a natural physical life. The harvest can scarcely fail to be a gain of physical force. Pleasing and varied muscular effort, free expansion of lungs, a strengthened beat of the heart, a more complete oxygenation of the blood, a more active performance of the secretory and excretory functions ensure a quickened appetite, an improved digestion,—in short, increased nutrition. The tissues are fortified against the inroads of disease, cheerfulness and hope spring from a bettered bodily condition, sleep is sound, and a physical regeneration ensues.

Winter is especially the season when invalids seek the sunny South in order to avoid the colds, the dampness, and the variability of the season in the North. There is nothing, however, deleterious even in the summer climate of Tarpon Springs; so that the tourist of fairly sound health is exposed to no peculiar climatic danger even in summer. The writer has personal knowledge of Northerners who have settled in the immediate neighborhood for the purpose of engaging in orange culture, and who have remained there all the year round without detriment to their health. No malaria is prevalent.

Confessedly, most who seek Florida as a health-resort are those attacked by, threatened with, or suspected of pulmonary tuberculosis. Much has been written in support of the claims of various portions of Florida as beneficial in laryngeal or pulmonary phthisis. As that dread disorder, however, does not form the immediate topic of my paper, I shall content myself by observing that, in my judgment, at no place in Florida are the conditions more favorable to the retardation or cessation of the tubercular process than at Tarpon Springs. The sketch which I have given of the manner in which nutrition is promoted by residence at the Spring glances at the essential elements of success in the climatic treatment of consumption. I will only add that when consumptives are sent to Florida, by all means let them be sent early. It is a reproach to medicine that patients actually at death's door should be exiled from home and friends.

The skin is an elastic tissue, richly supplied with blood-vessels and nerves. The vast col-

lective extent of its perspiratory tubules renders it an important eliminative organ. Evaporation from its surface aids in regulating the bodily temperature. Depressed or perverted action of the sebaceous glands leads to the production or aggravation of cutaneous disease. The integument, as a whole, is likewise of appreciable assistance to the lungs in respiration, since it has the power of absorbing oxygen and exhaling carbonic acid. Its complicated structure and function, therefore, so essential to sound vitality, causes it quickly to reflect the presence of visceral maladies, while at the same time it is peculiarly amenable to the operation of external morbific influences. Therefore, imperfect elaboration of food, with consequent formation of toxic substances, embarrassed respiration, sanguification, secretion or excretion, depressed nervous influence, the action of specific infections, impair the health of the skin or institute characteristic cutaneous disease. It follows from these considerations that a climate which promotes oxygenation, improves secretion, appetite, and digestion, raises the tone of muscular and nervous tissue, must prove of capital benefit in the treatment of disease of the skin. We should remember, too, that these disorders often occasion trouble out of all proportion to their severity, by reason of the disfigurement which they entail.

Whatever the exact relationship between scrofulosis and tuberculosis, certain it is that the former indicates a depressed vitality. And among the many modes in which this vice of nutrition expresses itself is some form or other of skin disease. There are many disorders which, though not peculiar to the scrofulous, are very prone to occur and to exhibit unusual severity and inveteracy among those afflicted with this unfortunate dyscrasia. An eminently characteristic and extremely unsightly manifestation of scrofula is glandular degeneration, so apt to take place upon the neck. This is eventually followed by the devitalization and destruction of the overlying integument, with resultant large and unhealthy scars. In the early stage of this process, before the tumefied glands have broken down, the resort to a mild and yet invigorating climate is capable of sparing the patient much distress of body and mind, of preventing suppuration and an exhausting drain of strength, of bringing about resolution, and recruiting the powers of the system.

The scrofulous, again, are very prone to attacks of eczema, which is apt to assume a chronic and rebellious form. Far better than to place our reliance upon drugs is it to send our patients, whenever possible, to an advantageous climate. We have learned of late years to appreciate more vividly the part taken by the tissues when exposed to the germs of disease. To strengthen disabled tissues is peculiarly the province of that combination of multifarious agencies which we denominate climate.

A personal visit to Tarpon Springs during the past winter, and observation of a number of my patients sojourning there, enables me to bear witness to the incontestable and extremely rapid improvement in several varieties of disease of the skin. From what I daily witnessed, while on the spot, I can unhesitatingly praise the place as a desirable and beneficial resort for selected cases of the class of affections to which I have alluded.

The gravity of skin diseases is often underestimated because they do not, as a rule, confine the patient to house or bed or compel the neglect of business. Nevertheless, apart from the distress which they cause to sensitive minds, every dermatologist is well aware that many cutaneous lesions, however apparently simple, are associated with pronounced debility. Consider what a host of these cases are more or less immediately dependent upon structural or functional disorder of the nervous system,—what a number arise from constitutional states, such as lithiasis, rheumatism, scrofula, tuberculosis, syphilis, chronic malaria, anæmia, or chlorosis. What wonder, then, that he who presents what seems to be a trifling local trouble should stand in need of so radical a treatment as entire rest from business cares, cheerful amusement, change of scene and climate?

Seborrhœa is frequently the result of disease of the abdominal viscera, of anæmia, chlorosis, tuberculosis, or an infectious fever. The skin disease, it is true, is but symptomatic of more serious trouble elsewhere, yet it may readily be the first complained of, and may oblige a laborious exploration of all parts of the system in order to identify its cause; and, furthermore, it is most surely cured by cure of the condition which gave it birth. Nearly the same remarks may be made concerning acné. How fraught with mortification to an otherwise comely young woman is a face sprinkled with

acne-spots! Sycosis is often the outcome of wasted strength, whether that primary waste be by overwork, overindulgence in the pleasures of the table, or sexual excesses. The progress of rosacea may be stayed by care as to habits and a combination of tonic influences, of which a favorable climate and out-door exercise are among the chief. Pemphigus and hydroa are evidences of lowered nutrition. As such, they therefore demand the most favorable surroundings which can be obtained. Both lupus erythematosus and vulgaris are ameliorated by the conditions which I have described as existent at Tarpon Springs, viz., rest, cheerful society, amusement, brilliant sunshine, a balmy and spicy air, with their concomitants—an invigorated appetite and improved digestion. The dermatoses are notoriously linked with perturbation of the nervous system. The anomalies of the respiratory function—anidrosis, hyperidrosis, bromidrosis—also frequently betoken constitutional derangement. Lichen ruber, lichen planus, and herpes zoster are other affections which I may place in the same category, as being connected with constitutional depression, and, from that fact, susceptible to improvement under changed climatic influences. Urticaria at times becomes so inveterate that scarcely a day passes without its tormenting symptoms. Such a case may receive benefit, or even cure, from a residence of several months in a propitious climate.

Purpura hæmorrhagica generally occurs in those whose nutrition is bad; it is directly debilitating in itself, moreover, and for both of these reasons a patient convalescent from this disease is especially in need of the most powerful corroborant influences at our command. The same remark applies to those who have recovered from a succession of boils or from a carbuncle.

Much depends, in constitutional syphilis, upon activity of the skin and kidneys. A climate such as that of Tarpon Springs, acting upon nervous, muscular, and glandular systems, the respiration and the blood, aids powerfully the action of specific medicaments. The results are far more rapid and satisfactory than are attainable in our colder, damper, and more variable northern climate.

My remarks, I scarcely need say, have been intended to apply chiefly to the winter climate. It would scarcely be judicious, and, in fact, it is not necessary, to send a patient to Florida in the summer. Again, skin diseases differ from many affections for which people are sent to Florida in this, that surf or cold bathing in general is apt to be harmful. I should therefore advise my patients to use tub-baths of tepid or moderately warm water. This is especially true of syphilitic patients.

Tarpon Springs is easily accessible.

Finally, as regards expense. A winter residence in Florida need not be extremely expensive. The hotel charges at Tarpon Springs are not immoderate. A cottage can be built for a few hundred dollars and be maintained at very little cost. In fact, men of business experience and shrewdness may even make their sojourn profitable by taking part in the many new enterprises by which the State is being developed and rejuvenated.

1519 Walnut Street.

ABSTRACTS.

Eczema of the Tongue.—Dr. Paul de Molènes remarks that this disease has been described under a host of names, such as lingual pityriasis, lingual intertrigo, lichenoid condition of the tongue, desquamative syphilis of the tongue, lingual psoriasis, etc. He believes that a diathetic condition plays an important part in its origin, and that stomach trouble especially favors its occurrence. Syphilis, also, is a predisposing cause, though de Molènes does not regard lingual eczema as syphilitic.

The author carefully studies the symptoms of the affection, and states that its evolution upon the tongue differs in no respect from that upon the skin. As eczema marginatum of the breast, for instance, exhibits every possible variety of contour and extent, describing the most singular arabesques, so eczema of the tongue assumes an extremely fantastic appearance, which sometimes changes considerably from day to day

Lingual eczema is usually curable. The diathesis and, above all, the gastric disorder need treatment. Locally, boric acid, salol, sulphur or hyposulphite of sodium should be used in the form of pomade, gargle, or glycerole. Condiments and tobacco should be prohibited. In a very stubborn case de Molènes employed lactic acid mixed with an equal part of water. Light scarifications have been advised, but the writer has never been obliged to resort to that mode of treatment.—*Revue de Laryngologie*, etc., April 1, 1890.

HYDROA-STOMATITIS.—This name was given by M. Quinquaud to certain lesions in the mouth and throat of a young woman. The diagnosis was perplexing. Mucous patches, ulcero-membranous stomatitis, diphtheroidal lesions, aphthæ, and herpetic angina were suggested. The affection, however, is benign. Upon the hand were some small bullæ, without a trace of erythema. Both the lesions in the mouth and those upon the hand were bullous from the beginning. Their development was accompanied by a febrile attack. Microbes were found in the urine and blood. The malady, therefore, is infectious. No evidence of syphilis was obtained, and the author believed the disease to be hydroa.—*Revue de Laryngologie*, etc., April 1, 1890.

THE ALKALOIDS OF COD-LIVER OIL.—In a communication to the Academy of Medicine, M. Gautier, for himself and M. Mourgues, details his studies of this subject. He admits that it is not to the alkaloids only that cod-liver oil owes its activity. Many of the alkaloids, as butylamine, amylamine, above all morrhuine, together with morrhuic acid, stimulate the nervous system, promote tissue-change, cause a considerable increase of the urine and perspiration, and, proportionately, sharpen the appetite. Some are dangerous poisons in large doses, and, even in more moderate quantities, excite reflex action and convulsiform tremors.

The causes of the efficacy of cod-liver oil may be summarized as follows: Increase of appetite, urine, perspiration, and intestinal secretions, due to the influence of its principal alkaloids; rapid assimilation of phosphoretted bodies presented to the economy under the form of lecithin and other organic combinations of phosphorus capable of being readily appropriated by young cells; increase of calorific reserve material, due to the easy absorption of fatty bodies in association with biliary matter, by which they are readily emulsionized and saponified; finally, the specific action of the small quantities of iodine and bromine in a state of organic combination.—*Annales de Thérapeutique Médico-Chirurgicales*, March, 1890.

PATHOLOGICAL MANIFESTATIONS ASSOCIATED WITH CHRONIC RHEUMATISM.—In an exceedingly interesting lecture upon chronic rheumatism and the various accidents which accompany its course, Lancereaux gives the following statistical enumeration, based upon the study of 208 cases. Of the patients, 132 were men and 76 women.

In 208 cases of chronic rheumatism—

Pruritus occurred,		8 times.
Migraine,		63 "
Neuralgia,		25 "
Hæmorrhage,	epistaxis,	34 "
	hæmoptysis,	2 "
	purpura,	3 "
Hæmorrhoids,		30 "
Dyspepsia,		25 "
Callosities,		42 "
Ciliary blepharitis,		25 "
Baldness,		45 "
Dystrophy of the nails,		80 "
Various cutaneous eruptions,		60 "
Contracture of palmar aponeurosis,		13 "
Varices,		60 "
Arterio-sclerosis,		67 "

He remarks, likewise, that general disorders, such as lithiasis and glycosuria, not infrequently depend upon a rheumatic taint. Under the name of fatty diabetes he has described a special variety, preceded by the development of obesity, occurring in chronic rheumatic patients.—*Annales de Thérapeutique Médico-Chirurgicales*, February, 1890.

A SUGAR DESTROYING FERMENT IN THE CHYLE.—M. Lépine read a memoir upon this subject before the Academy of Science, at the session of April 8, 1890. He believes that the ferment is elaborated by the pancreas, and is normally more or less continuously absorbed, especially by the lymphatic vessels. If a dog be rendered glycosuric by complete ablation of the pancreas, the sugar will nearly or entirely disappear upon the intra-venous injection of chyle taken from the thoracic duct of a healthy dog. Subsequently the sugar re-appears. Again, MM. Lépine and Barral have ascertained that chyle obtained from a dog during digestion will, when added to a solution of glucose, diminish the quantity of the glucose. They infer, therefore, that the chyle contains a principle destructive to glucose, and it seems certain that this ferment is formed by the pancreas. In a great many cases of diabetes this pancreatic ferment is absent or diminished. If, in a diabetic patient, the pancreas be stimulated by the administration of pilocarpine, a diminution of the glycosuria may be demonstrated. —*Le Progrès Médical*, April 19, 1890.

TUBERCULOSIS OF THE SKIN.—Before the French Society of Dermatology and Syphilography, at the meeting of April 11, 1890, M. Sevestre exhibited a little patient whom he considered the subject of that form of cutaneous tuberculosis to which Riehl has given the name of verrucous tuberculosis. The lesions were scattered upon the hands, wrists, feet, and neck. A few tubercle bacilli had been detected. M. Sevestre believed that the case was one in which a scrofulous child had been inoculated with tuberculosis.

M. Besnier believed the affection to be the malignant scrofulide of Bazin, or scrofulo-tuberculous lesion of the skin. The disease is not the same as the verrucous tuberculosis of Riehl, which is only a variety of anatomical tubercle or a sclerous tuberculosis of the skin, the sclerous lupus of M. Vidal. As to treatment, we should not trust too much in internal medication nor subcutaneous injections. It is necessary to destroy the local lesion. The actual cautery is the best for this purpose. Lactic acid succeeds very well in ulcerated tubercular lesions, but not in those cases in which ulceration is absent.

M. Hardy: Formerly this case would have been regarded as that of a scrofulous child attacked by lupus. It is not in every respect an example of verrucous tuberculosis of the skin, as described by M. Vidal. He advises in that affection constitutional treatment, in order to combat the general malady. In these scrofulous manifestations, chlorinated sodium and chloride of sodium are excellent remedies.

M. Vidal: This lesion may be looked upon as a tuberculosis of the skin in a scrofulous subject. I fully admit the specific nature of these forms, although I reserve opinion concerning the tuberculous nature of some forms which are considered to be tuberculosis of the skin. It is necessary to destroy, by cauterization, the local foci of infection.—*Le Progrès Médical*, April 19, 1890.

A HITHERTO UNDESCRIBED COMPLICATION OF LOCAL ASPHYXIA OF THE EXTREMITIES.—At the same meeting of the French Society of Dermatology and Syphilography, M. Hallopeau called attention to an inflammation which begins in the nails, accompanied by swelling of the subungual fold, with suppuration and fall of the nail. The phenomenon of dead finger spares certain digits, and the suppurative dactylitis spares the same fingers. Besides these appearances, there occur generalized attacks of pustular dermatitis, small ephemeral pustules which dry up within 24 hours and are followed by an abundant desquamation. These attacks of bullæ, which form even within the cavity of the mouth, are prolonged for several months. M. Hallopeau believes that the nervous lesions of Raynaud's disease constitute a predisposition to the development of the common microbes of the skin, giving rise to this polydactylitis, and that the absorption of the purulent products occasions the dermatitis.—*Le Progrès Médical*, April 19, 1890.

NEW STUDIES OF LEPRA.—M. Quinquaud communicated the results of his researches to the French Society of Dermatology and Syphilography, at the session of May 8, 1890. His inquiries related to the sensory disturbances and cutaneous lesions in their early stage. In order to measure the sensory disturbances, a special instrument was needed which should permit the determination of the perturbations of sensibility in its different degrees and kinds. For this purpose he had constructed an instrument which he called the dynamometric asthesiometer. This apparatus registered the pressure in terms of grammes. Thus he was able to exercise upon the skin a pressure amounting to 250 grammes. To measure the sensibility of a leprous lesion to puncture, for instance, a certain pressure was made. If the patient experienced no sensation, the pressure was augmented, and it would be determined that the sensibility to puncture was equal to 50 or to 100 grammes of pressure. The other varieties of sensibility were measured in the same manner. He found that sensibility to puncture is very variable in lepra. In one spot there might be found sensation upon pressure of 5 grammes, while not more than 2 milligrammes away 100 grammes would be necessary to elicit a distinct sensation. The same difference was found in regard to sensibility of temperature, which sometimes exhibited a considerable diminution. In some cases the thermometer marked 30° before any sensation was observed. Beside points where 0° was perceived others would be found in which 10° were not perceived. Again, phenomena of disassociation were witnessed. Some had no perception of cold, but felt heat, etc. These modifications of sensibility were met with even in the earliest

period of the disease. It is known that the nature of the first manifestations of leprosy is still under discussion. They have been thought to be of vasomotor origin, to be due to an alteration of the nerves, or even of the cord, and that they had no specificity. M. Quinquaud has been able to follow their evolution, and affirms that from the beginning the bacilli of Hansen could be detected. The lesions are, therefore, specific, and of primitive microphytic origin.—*Le Progrès Médical*, May 10, 1890.

Guaiacol as a Substitute for Creasote in Phthisis.—Since creasote is a substance of variable composition, consisting of from 60 to 90 per cent. of guaiacol and the balance made up of creasol, Sahli, of Berne, has proposed to employ, instead of creasote, its principal element—guaiacol. This substance has been advantageously used by Dr. Labadie-Lagrave, who prescribes it in the form of pearls or capsules.

Guaiacol is a colorless liquid, of specific gravity 1117, sparingly soluble in water, very soluble in alcohol, ether, and fatty oils. It is more agreeable in odor and taste than creasote. As in the light its solution easily becomes turbid from the formation of insoluble resinous bodies, it should be kept in dark bottles.

It is better borne than creasote. Only in the case of advanced phthisis is it apt to produce vomiting and diarrhœa. Generally, it is free from the accessory troubles caused by creasote, such as vertigo, headache, and nausea.

The advantages of guaiacol are that, as a rule, it improves appetite, facilitates digestion, and prevents or relieves flatulence. Cough is diminished. Expectoration is rendered more free and less abundant, while it changes from a purulent to a mucous or muco-purulent character. The aromatic odor of guaiacol may be detected in the breath a long time after exhibition. Hence it is probable that this substance is eliminated by the lungs, exerting thus a directly local beneficial action. Although not an antipyretic, yet the indirect effect of guaiacol is to reduce hectic fever. The frequency of pulse and respiration is moderated. Night-sweats are markedly checked.

The subjective and objective conditions are, usually, improved. Abnormal râles diminish and body-weight increases. These results are more surely obtained when the drug is given in an early stage of the malady. The bacilli diminish remarkably in number and may even entirely disappear. The urine may increase with the general amelioration. It acquires the aromatic odor of the drug, but contains neither sugar nor albumen, except occasionally in cachectic subjects.

Bourget, of Geneva, has employed for three years an external and internal treatment by creasote and guaiacol. He prefers the latter for internal use, and prescribes it in solution in wine or cod-liver oil. If the substance is not well borne by the stomach, he gives it by rectal injection, 10 drops being mixed with yelk of egg, olive oil, and a sufficient quantity of water. It may be given alternately by the mouth and rectum.—*Le Progrès Médical*, April 26, 1890.

Contagiousness of Leprosy.—M. Forné stated to the Academy of Medicine, April 29, 1890, that leprosy, formerly confined to the natives of New Caledonia, had spread to the whites. He detailed the history of the first white leper, who was attacked after working in a village which contained many native lepers. The speaker could only attribute the spread to contagion, since the patient had been transported directly from France to Noumea, and was, therefore, free from either predisposing or exciting cause.—*Le Progrès Médical*, May 3, 1890.

Hydrochlorate of Orexin as a Stomachic.—Penzoldt believes that in this substance the true stomachic has been found, one which has the power of exciting the appetite, aiding digestion, and stimulating absorption of the products of digestion.

The hydrochlorate of orexin (or phenyldihydroquinazoline) occurs under the form of colorless or nearly colorless needles, and contains two molecules of water of crystallization which may be driven off by prolonged heating. Orexin is almost insoluble in water, but the hydrochlorate is readily soluble in warm water. It is sharply irritant to the nasal mucous membrane, has a bitter taste, and leaves a tolerably strong burning sensation upon the tongue.

The physiological and toxic action of orexin has been studied by Dr. Hoffmann. In himself and others it produced a notable increase of appetite. He has given it successfully to those in whom the appetite had entirely failed, as, *e.g.*, consumptive, anæmic, and chlorotic

patients. The single dose of .50 grm. (7½ grains) or 1.50 grm. (23 grains) daily has not been exceeded.

The author employs the following formula:—

Hydrochlorate of orexin,	2 grammes.
Extract of gentian,	q. s.
Powdered marsh-mallow,	q. s.

Made into 20 pills. From 3 to 5 daily.

—*Annales de Thérapeutique Médico-Chirurgicales*, April, 1890.

The Bromide of Ammonium and Rubidium in Epilepsy.—This substance presents itself under the form of a white or slightly-yellowish crystalline powder. Its taste is at first cooling, then piquant and saline. It is readily soluble in water, and contains no water of crystallization. One hundred parts of the double salt contain 34 parts of bromide of rubidium and 64 parts of bromide of ammonium. Laufenauer has used it in all the epileptic states with the exception of hystero-epilepsy. Its dose is that of the other bromides. Active doses are from 2 grammes upward (31 grains). Seven or 8 grammes daily (108 to 124 grains) or even more may be given:—

Bromide of ammonium and rubidium,	6 grammes.
Syrup of lemon,	20 "
Water,	300 "

A tablespoonful is equivalent to 1 gramme of the bromide. The salt in powder may also be administered in lemonade or orangeade.

Spectrum analysis reveals the presence of the double bromide in the urine after two days of use in the dose of 2 grammes daily.—*Annales de Thérapeutique Médico-Chirurgicales*, April, 1890.

Bacteriological Study of Scarlatina Sore Throat.—M. M. Wurtz and Bourges, in the laboratory of Professor Straus, examined the false membrane from the throats of 9 children who suffered from scarlatina, but who, on account of the severity of the throat trouble, had been placed in the diphtheria ward. In all these cases the streptococcus pyogenes was found associated with other microbes of suppuration. In none was the bacillus of Klebs and Loeffler found. On the other hand, in 2 cases of late pseudo-membranous angina of scarlatina, the latter micro-organism was found in the false membranes. One of the children who had angina due to the streptococcus was attacked, secondarily, by diphtheria and died.

The authors draw the following conclusions: The early angina of scarlet fever, however apparently severe, is not, at least in the great majority of cases, of a diphtheritic nature. Children suffering from this manifestation should not, therefore, be sent to the diphtheria ward, in which they are exposed to an attack of the latter malady.—*La Tribune Médicale*, May 15, 1890.

Permanent Albuminuria in Morphinomania.—At a meeting of the Medical Society of the Hospitals, May 9, 1890, M. Huchard stated that he had lately observed three cases of permanent albuminuria terminated by uræmia in victims of the morphine habit. Similar cases have been announced by Levinstein, who, from experiments on animals, concluded that the relation between morphine and albuminuria is one of cause and effect.

The albuminuria of the morphine-takers belongs to the class of renal maladies produced by alterations of pressure. Huchard's experiments long ago showed that morphine is one of the substances which reduce arterial tension, and we know that in that form of Bright's disease accompanied by a large white kidney a diminution of arterial pressure manifests itself early and persists during the entire course of the disease. As to the mechanism of the albuminuria we may suppose that the lowered pressure due to morphine allows permanent passive congestion of the kidney, terminating finally in the production of a parenchymatous nephritis.—*La Tribune Médicale*, May 15, 1890.

Hydrotherapy in Measles.—At the same meeting of the Medical Society of the Hospitals, M. Dieulafoy reported a case of extremely severe malignant measles, treated and cured by the cold bath (25° C.=77° F.) given every 3 hours for 2 days.

MM. Juhel-Renoy and Duponchel testified to the use of the cold bath in such cases with truly marvelous results.—*La Tribune Médicale*, May 15, 1890.

Toxicity of the Urine of Epileptics.—Before the Biological Society, May 10, 1890, M. Féré stated that he had already reported experiments indicating that during the pre-paroxysmal period the urine of epileptics possesses a toxicity and especially a very powerful convul-

sive effect, and that these properties diminish after the access. M. Féré has renewed his experiments and injected into 3 rabbits urine passed by an epileptic before and after an attack. The injections were made upon rabbits of the same age and size and under the same conditions. The results were remarkable. The pre-paroxysmal urine produced convulsions in the dose of 20 cubic centimetres, and death in the dose of 25. The first urine passed after the attack caused convulsions in the dose of 55 cubic centimetres, while death appeared to follow the injectiou of 70 cubic centimetres; but the animal subsequently revived, showing that a still larger quantity was necessary to produce a fatal effect. Finally, the second urine passed after the paroxysm produced only feeble convulsions after the dose of 125 cubic centimetres and death after the injection of 145 cubic centimetres.—*La Tribune Médicale*, May 15, 1890.

THERAPEUTIC NOTES.

"Ointments and Oleates, Especially in Diseases of the skin"*:—

Take of Hydrochlorate of cocaine, 2 grains.
Carbonate of zinc, . . ½ drachm.
Ammoniated mercury, . 5 grains.
Atropine ointment, . . ½ ounce.
Mix. For chancre, chancroids, syphilitic and irritable ulcers.

Take of Tannic acid, . . . 10 grains.
Acetate of lead, . . 1 scruple.
Atropine ointment, . . ½ ounce.
Mix. Useful in fissures around the anus, the penis, the scrotum, and in herpes.

Take of Powdered arrow-root, . ½ drachm.
Camphor, . . . 5 grains.
Prepared suet, . . . 3 drachms.
Spermaceti ointment, . 3 "
Mix. For chapped lips and excoriations around the genital organs.

Take of Powdered starch, . . ½ drachm.
Subnitrate of bismuth, . ½ "
Spermaceti ointment, . ½ ounce.
Mix. Valuable for irritation in the axilla, about the groins, and erythema of the female breasts.

Take of Carbolic acid, . . . 4 grains.
Sublimed sulphur, . . 1 scruple.
Acetate of lead ointment, . 1 ounce.
Mix. Use in infantile eczema, rosacea, and in excessive sweating.

* From advanced sheets by John V. Shoemaker, A.M., M.D. Second edition. F. A. Davis. 1890.

Take of Beta-naphthol. . . . 1 scruple.
Sulphurated potash ointment, ... 1 ounce.
Mix. Especially useful in scabies or itch, and in ringworm.

Take of Balsam of Peru, . . 1 drachm.
Sulphuretted potash ointment, ... 1 ounce.
Mix. For chronic eczema, psoriasis, and in itch and ringworm.

Take of Menthol, ... 10 grains.
Hydrochlorate of cocaine, . 5 "
Resin ointment, . . . 1 ounce.
Mix. Serviceable in boils, carbuncles, and indurated acne.

Take of Oil of cade, . . . 1 drachm.
Resin ointment, . . 1 ounce.
Mix. For eczema of the hands and feet.

Take of Sublimed sulphur, . . 1 drachm.
Stavesacre ointment, . . 1 ounce.
Mix. For pediculi and scabies.

Take of Beta-naphthol, . . . 1 scruple.
Stavesacre ointment, . . 1 ounce.
Mix. Use in animal parasitic diseases.

Take of Oil of cade. . . . ½ drachm.
Iodide of sulphur ointment, 1 ounce.
Mix. For alopecia circumscripta, chronic eczema, and psoriasis.

Take of Oil of eucalyptus, . . 4 drops.
Carbonate of zinc, . . 1 drachm.
Iodide of sulphur ointment, ½ ounce.
Mix. Valuable in chronic acne, rosacea, and lupus erythematosus.

Take of Pilocarpine hydrochlorate, . 5 grains.
Turpentine ointment, . ½ ounce.
Mix. For alopecia and chronic circumscribed eczema.

Take of Salol, ... 10 grains.
Carbonate of lead, . . ½ drachm.
Menthol ointment, . . ½ ounce.
Mix. Employ in dermatalgia, herpes zoster, and paræsthesia.

Take of Citrine ointment, . . ½ ounce.
Oil of juniper, . . . ½ drachm.
Turpentine ointment, . ½ ounce.
Mix. Beneficial for psoriasis, chronic eczema, and alopecia.

Take of Boric acid, ... 1 drachm.
Powdered arrow-root, . 1 "
Menthol ointment, . . 1 ounce.
Mix. For urticaria, papular eczema, and herpes zoster.

Take of Boric acid, . . . ½ drachm.
Carbonate of zinc, . . 1 "
Salicylated camphor ointment, ... 1 ounce.
Mix. For ulcers, lupus, and eczema of the hands and feet.

Take of Sublimed sulphur, . . ½ drachm.
Ointment of oxide of zinc, ½ ounce.
Salicylated camphor ointment, ... ½ "
Mix. Serviceable in acne, rosacea, and painful ulcers.

Take of Subnitrate of bismuth, . 1 drachm.
Oil of rose, ... 2 drops.
Cucumber ointment, . . 1 ounce.
Mix. For burns, blisters, excoriations, erythema, and chapped lips.

Take of Powdered arrow-root, . 1 drachm.
Hydrochlorate of cocaine, . 5 grains.
Cucumber ointment, . . 1 ounce.
Mix. Useful in dermatitis and acute eczema.

Take of Salicylic acid, . . . ½ drachm.
Oil of juniper, . . . ½ "
Balsam of Peru ointment, 1 ounce.
Mix. For psoriasis, eczema of the hands and feet, and indolent ulcers.

Take of Sublimed sulphur, . . ½ drachm.
Carbonate of zinc, . . 2 drachms.
Extract of Indian hemp, . ½ drachm.
Balsam of Peru ointment, 1 ounce.
Mix. Valuable in chilblains, bed-sores, and fissured nipples.

Take of Beta-naphthol, . . . 10 grains.
Hamamelis ointment, . 1 ounce.
Mix. Employ in purpura, chronic ulcers, and in the second and third stages of rosacea.

Take of Oxide of zinc ointment, . ½ ounce.
Carbonate of zinc, . . 1 drachm.
Powdered starch, . . 1 "
Hamamelis ointment, . 1 ounce.
Mix. For erysipelas, the first stage of rosacea, herpes, and subacute eczema.

Take of Citrine ointment, . . ½ ounce.
Chaulmoogra ointment, . ½ "
Mix. For obstinate chronic eczema, scrofuloderma, lupus, leprosy, and tuberculosis of the skin.

Take of Oil of cade, . . . ½ drachm.
Ammoniated mercury, . 10 grains.
Chaulmoogra ointment, . 1 ounce.
Mix. Use in chronic eczema, psoriasis, lichen, and scleroderma.

Take of Cod-liver oil, . . . 2 ounces.
Witch-hazel ointment, . ½ ounce.
Chaulmoogra ointment, . 1 "
Mix. Use in alopecia, seborrhœa, and scrofuloderma.

Take of Sublimed sulphur, . . ½ drachm.
Stryax ointment, . . ½ ounce.
Mix. For scabies and pediculi.

Take of Calomel, ... 10 grains.
Creasote, ... 5 drops.
Stryax ointment, . . 1 ounce.
Mix. For scabies and pediculi.

Take of Carbonate of lead, . . 1 drachm.
Resorcin ointment, . . 1 ounce.
Mix. For erysipelas, ulcers, especially of venereal character; venereal warts, boils, and carbuncles.

Take of Creasote, ... 10 drops.
Lanolin, ... ½ ounce.
Resorcin ointment, . . ½ "
Mix. Useful in chromophytosis, tinea capitis, barbaræ, and corparis, also in chronic eczema.

Take of Powd. chlor. of potassium, ½ drachm.
Sulphate of morphine, . 4 grains.
Sulphate of atropine, . 2 "
Ergot ointment, . . 1 ounce.
Mix. For ulcerating epithelioma and chronic ulcers.

Take of Borax, ... 1 drachm.
Cod-liver oil, . . . 1 ounce.
Ergot ointment, . . 1 "
Mix. Useful in alopecia, seborrhœa, and in sycosis.

DIPHTHERIA.

The following local application is advised by M. Cousot:—

Tannic acid, . . . 10 parts.
Mucilage, ... 100 "
Alcohol, . . . 2 to 20 "

For nasal injection dilute with twice its weight of water.

Dr. Soulez recommends, for children—

Carbolic acid, . . . 9 parts.
Alcohol, ... 1 part.
Camphor, ... 25 parts.
Sweet almond-oil, . . 35 "

For adults:—

Carbolic acid, . . . 10 parts.
Camphor, ... 30 "
Alcohol, ... 10 "
Sweet almond-oil, . . 35 "

One application of this carbol-camphorated oil is said to clear the throat of false membrane for four hours. It abolishes the necessity of

frequent applications,—a very important fact when dealing with children.

M. Hallopeau prefers the following combination:—

Glycerin,	
Water, of each, . .	20.00 grammes.
Salicylic acid, . .	0.50 gramme.
Alcohol, enough to make a solution.	

And M. Huchard:—

Salicylic acid, . .	1 gramme.
Glycerin,	
Water,	
Alcohol, of each, . .	20 grammes.

—*Annales de Thérapeutique Médico-Chirurgicales.*

ANTIFERMENTATIVE POWDERS.

In cases of dilatation of the stomach, or in other cases of dyspepsia in which it is necessary to combat gastric or intestinal fermentation, Sonneberg recommends the following:—

1. Salicylate of bismuth,
Magnesia,
Bicarbonate of sodium, of each, ... 10 grammes.

Divide into 30 powders.

2. Salicylate of bismuth,
Naphthol,
Magnesia, of each, . . 10 grammes.

Divide into 30 powders.

One powder after each meal.—*Giornal. Internazional de la Scienze Médiche.*

OINTMENT FOR ERYSIPELAS.

The following combination is praised by Koch:—

Creolin, ...	1 part.
Iodoform, ...	4 parts.
Lanolin, ...	10 "

—*Deutsch-Amerikan Apotheker-Zeitung.*

QUEBRACHO IN BRONCHIAL ASTHMA.

Dr. Kruetovsky, of Krasnojarsk, Siberia, reports a very severe and rebellious case of bronchial asthma in the person of a woman 30 years of age. Morphine, chloral hydrate, cocaine, and numerous other remedies were found useless. Complete relief followed the use of—

Decoction of quebracho, .	℥iii–℥iij.
Iodide of potassium, . .	℈ij.
Paregoric, ...	f℥ij.

A tablespoonful every two hours.—*Deutsch-Amerikan Apotheker-Zeitung.*

URTICARIA.

In 10 cases of urticaria which had resisted other remedies, Dr. Riffat witnessed complete relief follow the use of tincture of strophanthus in doses of 15 to 20 drops, given during the twenty-four hours.—*Deutsch Med. Wochenscrift.*

ICHTHYOL IN DISEASES OF WOMEN.

Dr. H. W. Freund, assistant in the Strassburg clinic, reports very favorably upon the value of ichthyol in chronic parametritis; chronic and subacute perimetritis, with exudadation or adhesions; cicatricial conditions of the vagina and the vaginal portion of the cervix uteri; chronic metritis, ovaritis, salpingitis, pelvic cellulitis, pruritus pudendi, etc. It is used both internally and externally. At first, 1½ grains, in pill form, are given three times a day; subsequently the dose is doubled. Locally, a mixture of—

Ichthyol, . . .	5 grammes;
Glycerin, ...	20 "

may be applied to the vagina upon a tampon. An ointment, made with equal parts of lanolin or a soap (ichthyol 8, green soap 80), rubbed upon the abdomen, produces rapid absorption of inflammatory products. It may also be made into the form of a suppository with cacao-butter. In pruritus the ointment may be applied or a 10-per-cent. watery solution. Its internal administration improves the appetite and digestion and regulates the bowels. It also increases diuresis. Although the smell is objectionable, the pills are usually well borne for a considerable period. No unpleasant after-effects have ever been observed. The power of ichthyol to cause rapid absorption of inflammatory products is remarkable. It likewise acts as an anodyne. In the acute stage of these maladies, however, it is better to rely upon antiphlogistic and narcotic medication, resorting to ichthyol after the inflammatory action has partially subsided.—*Wien Med. Blätter.*

ALIMENTARY REGIMEN IN BRIGHT'S DISEASE.

The *climacteric prescriptions* consist in avoiding humidity and sudden changes of temperature.

As *dietetic prescriptions*, avoid highly seasoned or irritating articles of food; suppress eggs; use the milk diet, pure or mixed; avoid wine, brandy, liquors, and even beer.

2. Regimen of Senator.—It consists in authorizing the use of white meats and pork, in avoiding dark meats, and in using vegetables and milk. Senator permits the use of wine and water as a beverage.

3. Regimen of Semmola.—It consists in the observation of the preceding prescriptions, and in the use as a beverage of the following solution, to be taken in the twenty-four hours :—

℞ Iodide of potassium, . 1 gramme.
Phosphate of soda, . 2 grammes.
Chloride of sodium, 5 to 6 "
Water, . . . 1000 "

4. Regimen of Bamberger.—It consists in completing the lacteal alimentation by the use of tonics and preparations of iron. He recommends the following preparations :—

(*1*) *Pills of Perchloride of Iron.*—These pills are administered in doses of from 3 to 6 pills a day :—

℞ Perchloride of iron, . 2 centigrammes.
Pulv. menganthes, . 5 "
Extract of taraxacum, q. s.

(*2*) *Pills of Sulphate of Iron* :—

℞ Sulphate of iron,
Bicarb. of soda, . āā 5 grammes.
Extract of dandelion, . q. s.

Make 60 pills. Six daily—3 in the morning and 3 at night.

(*3*) *Potion of Quinquina* :—

℞ Bark of the gray quinquina, 20 grammes.
Infused for half an hour in
boiling water, . . 200 "

And add :—

Syr. of bitter orange-peel, 20 grammes.

A tablespoonful every two hours.—*Revue de Thérapeutique.*

TEETH.

"A Study of the Relationship between the Eruption of the Permanent Teeth and the Ailments of Late Childhood."

Dr. Louis Starr, Philadelphia, in writing on the above subject, gives the appended prescriptions :—

A very serviceable prescription is—

℞ Potassi iodidi, . . . gr. vj.
Sodii bicarbonatis, . . ʒj.
Extract sennæ fld., . . fʒiij.
Inf. calumbæ, . q. s. ad fʒiij.

M. Sig.: Two teaspoonfuls three times daily, before eating, for a child of 6 years.

Astringent Mixture.

℞ Tr. opii deod., . . . ♏xij.
Bismuth. subnitratis, . . ʒj.
Syrupi, ... fʒss.
Mist. cretæ, . . q. s. ad fʒiij.

M. Sig.: Two teaspoonfuls every two hours.

Efficient for the Bowels.

The well-known combination of calomel and soda is also very efficient, for instance :—

℞ Hydrarg. chloridi mit., . gr. j.
Sodii bicarb., . . . gr. vj.
Sacchari, ... gr. xxx.

M. et ft. chart. no.vj.

Sig.: One powder every two hours until all are taken, or until the bowels act freely.

A Suitable Tonic.

℞ Tr. nucis vomicæ, . . ♏xij.
Elix. cinchon. ferrat., . . fʒvj.
Syrupi, ... fʒss.
Aquæ, . . q. s. ad fʒiij.

M. Sig.: Two teaspoonfuls thrice daily at the age of 6 years.

For Diarrhœa.

For instance, until the stools become less frequent and urgent, and the griping pain diminishes, a good prescription is—

℞ Tr. opii deod.,
Tr. nucis. vom., . . āā ♏xlviij.
Aq. men. pip., . q. s. ad fʒiij.

M. Sig.: One teaspoonful before each meal, at the age of 6 years.

Afterward :—

℞ Liquor. potassi arsenitis, . fʒj.
Inf. gentianæ comp., q. s. ad fʒiij.

M. Sig.: One teaspoonful after each meal.

For Enlarged Glands.

℞ Ichthyol, ... ʒj.
Lanolin, ... ʒj.

M. Sig.: Apply to the enlarged glands three times daily, with rubbing.

Pain About the Teeth.

Should there be much inflammation and pain about a loose tooth, great relief can be obtained by painting the gum three or four times daily with a solution of—

℞ Cocain. hydrochlorat., . . gr. iv.
Glycerinæ, ... fʒij.
Aquæ, . . q. s. ad fʒj.

M. Sig.: For local use.

Softening the Gums.

Much good can also be done in the way of softening the gums and lessening pain by a thorough application of—

℞ Zinci chloridi, . . . gr. j.
Vin. opii, ... fʒj.
Glycerinæ, ... fʒij.
Aquæ rosæ, . . q. s. ad fʒj.

M. Sig.: Apply to tender gums with a brush or soft cloth thrice daily.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, July, 1890.

WORTHLESS STATISTICS.

CARLYLE'S Professor Dryasdust spent his life in the painstaking and minute investigation of Prussian history. His patient, dull, and conscientious mind, insensitive to dramatic perspective, dwelt as fully upon the Mark of Brandenburg or the life of the Great Elector as upon the splendid achievements of Frederick the Great. The same powerful but caustic writer was wont to designate Political Economy as the Dismal Science. These epithets are welcomed as happily descriptive by those who value the importance of facts but dread the tame and tiresome prolixity and baldness with which those facts are stated. There are many who would emphatically characterize the statistician as the dry-as-dust man, though freely admitting the value of his labors. Except when consulted for direct purpose of reference, what printed matter can be so dry as long columns of figures and statistical tables? The columns and the tables may be of great worth, but how deadly-dull the task of constructing them, how lugubrious the task of inspecting them! Nevertheless, we are convinced of the great intrinsic value of reliable statistics. Now and then, indeed, a penetrating spirit arises, endowed at once with patience and insight, who is able, like Quetelet, to render dull figures instinct with life, or who, like Mr. Buckle, endeavors to render them tributary to the History of Civilization.

It is paramount that a government should be correctly informed of its resources. To this end an enumeration of inhabitants, their ages, occupations, properties, etc., becomes necessary.

But, above all things, if a census should be taken—which no one will deny—it should be taken correctly, and this is a statement, also, which no one will deny. If the figures of any statistical compilation be incorrect, can any true deductions be based upon them? Assuredly not. Therefore it is incumbent upon the representatives of government who are charged with taking a census to appreciate what can and what cannot be ascertained, to frame their questions and instructions with wisdom, and not to rely vaingloriously upon rows of figures which must necessarily represent anything but the truth.

Every medical man is interested in vital statistics. Every practitioner, also, is doubtless aware how very difficult it is to procure the necessary information. Even from his patients, unless they are driven by stress of circumstances which they cannot oppose, every practitioner knows what rigid cross-questioning is often requisite in order to obtain the material facts upon which his judgment is to be founded. Certain it is that vital statistics worthy of the name can only be gathered by the associated labor of medical men and societies. Figures so obtained are sure to correspond most closely to the truth. But to confide such a task to census-enumerators in consideration of "2 cents for each living person and 5 cents for each soldier, sailor, or widow of these" is to invite misstatement of fact. Such statistics, obtained in such a manner, are not worth the paper upon which they are printed.

A series of questions have been framed by those in authority, to be answered by or for every man, woman, or child in the land, under a penalty of $500 for refusal. Of these, questions Nos. 22 and 23 of schedule one relate to matters connected with health and disease, and are of special interest, therefore, to the medical profession.

The twenty-second question asks "whether suffering from acute or chronic disease, with name of disease and length of time afflicted."

A well-known popular phrase tells us that "he has forgotten more than you ever knew." The author of this question, accordingly, would seem to have forgotten many salient facts in the lives of his fellow-citizens; no less facts, even if not tabulated in statistical columns. Not every one has a private office, nor is the enumerator at 2 cents per head and "5 cents for a soldier or sailor, or widow of one of these," likely to consume unnecessary time

in order to spare the feelings of the person examined. No; among many classes, in many neighborhoods, the family crowds to the door-steps, or to the living-room, as if "assisting" at a ceremony. Now, how is truth to be obtained under these circumstances? What young girl who has loved, "not wisely, but too well," will confess that she has suffered for two years from a hypertrophied and anteflexed womb, in consequence of a carefully-concealed miscarriage? What wife, that salpingitis is the result of a pre-nuptial indiscretion? What parent, that his child suffers from hereditary syphilis? What hoary-head, church-pillar grandfather, that the mysterious "complication of diseases," the "Providential affliction" which he has borne with such resignation for so many years, is the remote offspring of a chancre acquired forty years ago? The diseases and accidents of the genital system present themselves first to the mind, because they are the "private diseases," *par excellence.* But what blooming maiden will wish to call attention to a patch of psoriasis which is to be seen upon her thigh, or a nævus pilaris which mars the beauty of her white bosom? What secretly-anxious matron will dare to put into words her fear that the hard little lump in her breast will ere long remove her from her beloved children? How many a hopeful consumptive will have nothing but a "slight cold," a "little bronchial catarrh," a "stomach cough?" And so on, *ad indefinitum.*

After having gone through the farce of question 22, the census-taker is obliged to inquire "whether defective in mind, sight, hearing or speech, or whether crippled, maimed or deformed, with name of defect?" He may, indeed, satisfy himself by ocular inspection as to lameness and palpable deformity. But what fond mother admits the imbecility of her young child? She will much more readily consider the question to be an imbecile one. We all know how naturally parents and relatives excuse or conceal the fact of weakness of intellect. Right or wrong, imbecility, idiocy, and insanity are generally considered as, in some sort, a blemish to the family name. The unfortunate sufferers are kept in seclusion as much as possible, either at home or in an asylum. A thick veil of obscurity is thrown around such defects. The existence of the afflicted individuals is more or less completely ignored. Vital statistics of these affections, based upon the reports of census-enumerators, must needs be extremely fallacious. The record of feeble-minded children contained in the census of 1890 will inevitably be very untrustworthy.

In truth, these questions are ill-conceived and useless. The broad, general facts relating to the distribution of disease in different portions of this country are already known. Exact information cannot be acquired by census-takers, and, if inexact, it is worthless for scientific purposes. Consequently, the government is misled when it undertakes, at 2 or 5 cents per head, to amass a lot of figures which, in spite of the dictum, will lie.

Finally, in regard to the penalty of $500: the amount is excessive, and how can it possibly be collected? If not collected, it is but an idle threat, unworthy of the dignity of the general government of a great country. In fact, the questions are inquisitorial, and an attempt to levy the penalty would be persecution.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE meeting for 1890 was held in the city of Nashville, Tennessee. A well-attended convention met on May 20th, and listened to many interesting and instructive papers and addresses. The address on Medicine, by Dr. N. S. Davis, of Chicago, was worthy of the reputation of its distinguished author. As a wise practitioner and teacher Dr. Davis has impressed himself upon the development of American medicine, particularly in the great Northwest. He very sensibly deprecates the idea of the physician degenerating into a sort of registry clerk of the temperature, with incidental advice as to aliment and stimulants. He warned his hearers against allowing their attention to become too exclusively riveted upon the elevated temperature of a fever, to the neglect, or comparative neglect, of the tissue change, rate of elimination, and general status of the patient. The speaker sounded a wise and needed note of warning in regard to the careless or routine use of the new antipyretics. However success-

ful they are for a time in reducing animal-heat, this success is accompanied by disturbance of the oxygenating function of the blood, with assimilation and excretion. Hydrotherapy in typhoid fever was commended. The use and the danger of alcohol as a remedy received judicious consideration. His conclusions are the result of his life-work. The wide experience and the keen sagacity of Dr. Davis are so well known that no words of ours are necessary to call the attention of our readers to his valuable address.

In his oration on Surgery, Dr. Samuel Logan, of New Orleans, referred to the wonderful progress made during the last fifty years. The subject of general anæsthesia was next reviewed. The categorical conclusions of the Hyderabad Chloroform Commission were cited, together with the contradictory results of Drs. Wood and Hare. Truly, the much-debated subject is a momentous one, but, although we believe that chloroform is much more commonly used in the South and West than in the North and East, the experience of most surgeons in this part of the country has crystallized into a conviction that ether is by far the safer agent. Dr. Logan described Professor Lister's latest modification of antiseptic dressing, and referred to Dr. Kinyoun's examination of the micro-organisms found beneath the finger-nails, a seemingly trivial but in reality very important subject. The recent writings of Professor Bergmann and Dr. Shaw upon cerebral surgery were likewise discussed. The address furnished an excellent *résumé* of the present condition of general surgery.

Not the least interesting feature of the session was the annual meeting of the editors of American medical journals. The well-known and genial I. N. Love, of St. Louis, editor of the Medical Mirror, delivered the presidential address. The germ-thought of the discourse was that the medical journal should aim to be useful in the highest sense to the rank and file of the profession. This kind of usefulness is not to be gained by a periodical which appears too seldom and is weighted by articles which, however valuable from an absolutely scientific point of view, are so long and elaborate that the hard-working physician does not actually have time to devote to their study. But judicious abstracts of what is new or important in such complete articles are appreciated by the general practitioner. Dr. Love well says that in his judgment "the best journal is the one which can present a fair epitome of the results achieved by the bacteriological, chemical, anatomical, physiological, and the clinical workers." As is so often the impulse of the medical editor, Dr. Love felt called upon to suggest to his brethren the duty of reporting their rare or puzzling cases or any unusual features which may be presented in the course of common maladies. Dr. F. L. Sims, editor of the Memphis Medical Monthly, spoke in a similar strain of valuable experience unrecorded because its possessor is too busy or too modest to commit it to paper. The following officers of the Editors' Association were elected for the ensuing year: President, F. L. Sims, of Memphis; Vice-President, Dr. Frank Woodbury, of Philadelphia; Secretary and Treasurer, Dr. J. C. Culbertson, of Cincinnati. These are well-known names, and reflect honor upon the association to which they belong. Dr. N. S. Davis suggested some very practical subjects for the association to discuss at the next meeting, viz.: the effect of the rapid increase of free hospitals and dispensaries in the larger cities upon the patients, the people at large, and the medical profession, together with the duties of the medical press toward the foregoing questions. The abuse of eleemosynary medical institutions is, indeed, one which calls loudly for remedy.

A noteworthy discussion took place in the section on Medical Jurisprudence. Dr. David Yandell, of Louisville, contributed a paper upon laparotomy, and Dr. William Warren Potter, of Buffalo, one entitled, "What is the Medico-legal Status of the Abdominal Surgeon?" Dr. B. T. Shimevell, of this city; Dr. Henry O. Marcy, of Boston; and Dr. Thomas H. Manley, of New York City, also read papers upon the general topic. From a purely surgical point of view, doubtless, many a life, otherwise doomed, may be saved by intervention; but what shall we reply if death occur in spite of operation, if a suit be brought for damages, and if the partial attorney claim that the patient has died, not of the wound or disease, but of the doctor? How disprove such

a charge? Absolutely, positively disprove it we cannot, since, who may say what might or might not have occurred under different circumstances? One very obvious reply, however, presents itself to the mind, and it is this: No professional man is omniscient, but every professional man should possess a reasonably competent technical knowledge and skill. Now, unless these be lacking in the surgeon, it would be just as reasonable for a disappointed client to sue his lawyer for malpractice because a case was lost as for a patient's relative to sue the surgeon because death occurred. The cases are strictly analogous. Each professional man exercises his talent and his learning in good faith. Neither can do more; neither can completely control the issue. Before the section of Pediatrics, Dr. W. C. Wile, of Connecticut, spoke of the value of sulfonal in children's diseases; Dr. R. B. James, of New York, and others, of atropia in enuresis; and Dr. Frank S. Parsons, of Massachusetts, upon the ever-important subject of "acute rheumatism in children." An excellent paper was read by Dr. Henry B. Baker, of Michigan, to the section of State Medicine, upon influenza. Dr. H. A. Hare, of Philadelphia, introduced butyl chloral hydrate to the attention of the general practitioner as a remedy in neuralgia and insomnia.

But it is impossible to mention, even by title, the entire list of noteworthy contributions. Dr. J. F. Fulton, the well-known specialist, of St. Paul, Minnesota, read a very valuable paper upon strabismus to the section of Ophthalmology. "Government Aids to Public Health," by Dr. Walter Wyman, U. S. Marine Hospital Service, is another contribution which demands more than the passing notice which is all that our space affords.

The concluding session of the meeting of 1890 was held May 23d. Dr. W. T. Briggs, of Nashville, was chosen President, and Washington, D. C., was selected as the next place of meeting. One sad feature marred the otherwise pleasant proceedings. We refer to the death of Dr. W. H. Byford, of Chicago, announced by telegram to the Association, of which he had been so distinguished a member.

We cannot bid adieu to the meeting of 1890 without bearing our hearty testimony to the generous hospitality of the citizens of Nashville. Southern hospitality has ever been proverbial, but when a Northern visitor is happily able to realize the actuality which has given rise to the proverb he feels that the half has not been told him. Our recollections of Nashville shall be marked with a white stone.

CORRESPONDENCE.

TOBACCO SMOKING.

To the Editor of the Medical Bulletin:—

DEAR DOCTOR: The State Board of Health is desirous of obtaining authentic information as regards the effect of tobacco smoking, either in promoting or retarding the development of pulmonary tuberculosis, or consumption. It has been stated that inveterate smokers are, to a great extent, exempt from the disease. If this is true the fact ought to be made widely known. If it has no foundation it ought to be authoritatively contradicted. The Board has, therefore, instructed me to address you this communication, asking if you will kindly forward, at as early a date as convenient, the results of your own observation and experience in regard to this subject. Yours, very truly,

BENJAMIN LEE,
Secretary.

WILD YAM—DIOSCOREA VILLOSA.

Dr. John V. Shoemaker:—

DEAR SIR: According to promise made you while attending American Medical Association at Nashville, Tenn., I forward you the recipe containing the *Dioscorea villosa* for biliary colic.

Soon after reading your article in the Association Medical Journal last year, directing my attention to the medicine, I was attending a case of the kind (October, 1889) with the intention of giving it a trial, which I afterward did, in that and several other cases, with success.

The wife of the patient remarked that she had suffered similar attacks, and had been relieved by the use of two prescriptions, obtained from some traveling, irregular physician, for which she paid a liberal price, volunteering to let me see them, and desiring to use the medicine with her husband if approved.

I was somewhat surprised to find the principal medicine to consist of the *Dioscorea villosa*.

Such a striking coincidence in the symptoms of her case, and the relief by the remedy, induced me to make a note and retain the formula, which I append:—

No. 1.

℞ Subnitrate bismuth, . . . ʒiij.
Fluid ext. dioscorea villosa,
Camph. tr. opii, . . āā ʒss.
Tr. ginger, . . q.s. ad ʒiij.

Sig.: One teaspoonful every hour until relieved during paroxysms.

During the interim, to prevent the attacks use—

No. 2.

℞ Tr. ferri mur., ... ʒiiss.
Subnit. bismuth, . . . ʒiv.
Fluid ext. dioscorea villosa, . ʒiij.
Liquid pepsin, . . q.s. ad ʒiij.

Sig.: One teaspoonful after eating three times a day.

I will add that I have used the following with satisfaction in those cases of indigestion attended with pain, torpid bowels, etc., which we frequently encounter.

℞ Fluid ext. dioscorea villosa, . ʒj.
Fluid ext. cascara sagrada, . ʒss.
Tr. nux vomica, . . . ʒij.
Fluid ext. taraxacum, q.s. ad ʒiv.

Sig.: One teaspoonful two or three times a day.

I cannot but think the dioscorea is a most valuable remedy in numerous cases of digestive troubles, and worthy of more extended use by the profession.

THOS. M. WOODSON.

GALLATIN, TENN.

MEDICAL NEWS AND MISCELLANY.

DR. O. P. REX has occupied his country seat near Jenkintown.

DR. W. H. BYFORD, of Chicago, died May 21st, of heart disease.

EVERY man is a Job when the boils are on some other fellow.—*Atchison Globe.*

DR. FRANK H. CALDWELL has a model private sanitarium at Sanford, Florida.

DR. DOLAN has been elected president of the Halifax Literary and Philosophical Society.

PROFESSOR H. EARNEST GOODMAN will sail this month for Europe to attend the Congress.

DR. EDWARD S. SHARPE, of Salem, N. J., was in Philadelphia last month, calling on his many medical friends.

DR. RANDOLPH FARIES has been elected Director of Physical Education of the University of Pennsylvania.

DR. T. MORE-MADDEN has received from the Texas Medical College the honorary degree of Doctor of Medicine.

DR. CHARLES MEIGS WILSON has been re-elected Chief Physician of the Lying-in Charity, over Dr. William H. Parrish.

DR. GEORGE H. ROHE has removed to No. 18 West Franklin Street, between Charles and Cathedral Streets, Baltimore, Md.

THE American Neurological Society was handsomely entertained at the Art Club, in Philadelphia, during its session.

DR. ALEXANDER MCALLISTER and Miss Sallie Holland Ritter were married last month in St. Paul's P. E. Church, Camden, N. J.

DR. J. M. ANDERS, of the Medico-Chirurgical College, of Philadelphia, has been transferred from Diseases of Children to Clinical Medicine.

DR. W. H. WALLING has been elected Medical Electrician to the Medico-Chirurgical Hospital by the trustees of that institution, and will at once enter upon his duties.

MEDICAL EXAMINERS' BILL.—During the meeting of the Pennsylvania State Medical Society at Pittsburgh, Pa., a conference was held of physicians from all parts of the State in reference to the Medical Examiners' Bill.

DR. CHARCOT, the eminent scientist at the head of the Saltpêtrière Hospital, Paris, has finished a long series of experiments in hypnotism, and gives it as his opinion that not more than one person in one hundred thousand is subject to the influence.

THE OLEATES IN BRITISH PHARMACOPŒIA.—Dr. Shoemaker's oleate of zinc and the corresponding oleates of mercury prepared by double decomposition have been recommended by the Royal College of Physicians of London for admission into the British Pharmacopœia.

STATISTICS show a remarkable decrease of crime in England. In 1868 one person in every 409 of the population was considered by the police authorities to be under suspicion as a thief, while in 1888 the proportion was one in 871. The number of indictable offenses reported to the police was smaller by 25 per cent. in 1888 than twenty years earlier.

"THE beautiful women of the world" are requested, in a circular, to send their photographs to the Baroness Klara von der Deckler, at Tiflis. These will all be examined by a committee of artists, and those selected will be put in an album with the title, "Types of Female Beauty of the Last Years of the Nineteenth Century." Then the album will be sent to the Moscow Museum.

PROF. W. X. SUDDUTH, of Philadelphia, has been appointed Secretary of the College of Dentistry and Professor of Dental Pathology

and Oral Surgery in the Minnesota State University. Prof. Sudduth holds teaching positions in the University of Iowa and in the Medico-Chirurgical College of Philadelphia, but resigns both of these positions to go to Minnesota.

ELECTRO-THERAPEUTIC SOCIETY.—The Philadelphia Electro-Therapeutic Society was organized on Thursday, May 15th, by the election of the following officers: President, Dr. G. Betton Massey; First Vice-President, Dr. I. P. Willets; Second Vice-President, Dr. M. J. Grier; Secretary, Dr. W. H. Walling; Treasurer, Dr. J. J. Taylor. The Society starts out with quite a strong membership, and will be devoted to the discussion of the uses of electricity in medicine and surgery.

CONTAGIOUS DISEASES.—Dr. Keyser, of the Board of Health of Philadelphia, at a meeting of that body recently, offered an important amendment to the rules at present governing the board. According to the present rules, the body of a person who dies from a contagious disease cannot be removed from the city unless placed in a hermetically sealed casket, but no provision is made for bodies which are brought within the city. His plan is to have the people notified by a certain sign on the wagon or casket, as is done in cases of small-pox, when a danger flag is displayed.

The matter, with others of a similar nature, was referred to Drs. Keyser and Ford to examine and make a report at the next meeting.

INSANITY IN AUSTRIA.—In 1887 there were in Austria 23 public and 5 private lunatic asylums, with a total of 13,441 patients, being 6.2 per cent. more than in the previous year. Of these, 9.3 per cent. were discharged cured and 15.4 uncured, while 11.7 died. The disease was hereditary in 15.7 per cent. of the cases; in 13.1 per cent. it is returned as having been due to drink, and in 6.7 to mental emotion or depressing complaints. In addition to these, there were 20,739 lunatics, giving a proportion, if these alone are taken into account, of 94 in every 100,000 of the general population. Of the latter class of insane persons, only 826, or 8.8 per cent, were in confinement.—*British Medical Journal.*

DO YOU RIZZLE?—Do you rizzle every day? Do you know how to rizzle? One of the swell doctors in town says that it is the most wonderful aid to perfect health. "I masticate my food very thoroughly at dinner," he says, "and make sure to have my family or friends entertain me with bright talk and plenty of fun. After dinner it is understood that I am going to rizzle. How do I do it? I retire to my study, and having darkened the room I light a cigar, sit down, and perform the operation. How to describe it I don't know, but it is a condition as nearly like sleep as sleep is like death. It consists in doing absolutely nothing. I close my eyes, and try to stop all action of the brain. I think of nothing. It only takes a little practice to be able to absolutely stifle the brain. In that delightful condition I remain at least ten minutes, sometimes twenty. That is the condition most healthful to digestion, and it is that which accounts for the habit animals have of sleeping after eating. I would rather miss a fat fee than that ten minutes rizzle every day."—*Chatter.*

INFLUENZA STATISTICS.—The following has just been issued by the Secretary of the Pennsylvania State Board of Health:—

Dear Doctor: I am desirous to obtain reliable statistics in regard to the recent pandemic of influenza, as observed in this State. Will you, therefore, kindly furnish the information called for below, by filling up the blanks from the data in your visiting-list or note-book, and returning the sheet to me as early as practicable.

Yours, very respectfully,

BENJAMIN LEE, M.D.,
Superintendent of Vital Statistics.

.....

Residence .....County.....

Date of first case.....

Number of cases..... Adults.....Children.....

Predominant type (nervous).....

(catarrhal) .....

(inflammatory) .....

Number of deaths (directly caused).....

(indirectly caused).....

Immediate cause of death.....

Bronchitis.....Adults.....Children.....

Pneumonia..... " ..... " .....

Phthisis..... " ..... " .....

Nervous affections. " ..... " .....

THE CRAZE FOR WEARING WIGS.—The craze for wearing wigs among English women is finding its imitation among fashionable women on this side the sea. They assign various reasons for adopting the custom, among the most general being the greater convenience and durability of their coiffures over those made up of natural hair. Women who have really fine hair object to the torturing processes of the curling-iron and hair-dressers' shears, now so universally used in arranging the stylish coiffure, with its multiplicity of waves and curls. London women usually wear wigs the color of their own hair, so that they need not be confined to the constant wearing of them. Their chief use seems to be to carry them to the great balls and house parties, where it is not always convenient to take a maid. A great many of them appeared at the recent drawing-room, and, as an event so important as that would naturally fill the hair-dressers' parlors with anxious ladies and necessitate a great deal of waiting for service, one can understand

the convenience of having one's hair sent home done up and ready the day before.—*New York Star.*

INGLUVIN IN SPAIN.—The following letter upon Ingluvin was recently received by Vilanova, Hermanas & Co., of Barcelona, from Dr. F. Vidal Solares:—

"I have to acknowledge duly having received the Ingluvin which you were good enough to send me for the purpose of proving the therapeutic effects of this excellent medicine amongst my clients, from Messrs. W. R. Warner & Co.

"The results which I have obtained in my dispensary for sick children, together with my private cases, have been extremely satisfactory. In fact, I have treated various cases of dyspepsia in which the patients, fully prostrated and without power to digest their food, have, thanks to the use of Ingluvin, been rapidly cured.

"In the case of 'Apepsia,' or loss of appetite in children, accompanied with diarrhœa, I have obtained good results from the use of Ingluvin, which therapeutic agent is extracted by the house of Warner & Co. from the stomach of the chicken.

"I have also found Ingluvin useful in the organic complaints of the stomach and in the indomitable vomiting and painful dyspepsia to which women are subject during pregnancy. I have employed the agent, moreover, in the convalescent state of many patients, when I have not only noted the alteration of the gastric secretions, but of the extreme instability of the stomach.

"I have not the least doubt that the Ingluvin, of which you have the sale in Spain, will in a short time become a substitute for pepsin on account of its being more active than the latter; but, as is only logical, you should obtain a rapid result by bringing this preparation to be known in all Spain by the opportune measure you usually adopt.

"Hoping you will have the justice to manifest to the manufacturer the results I have obtained in my practice with Ingluvin, I am," etc.

MEDICAL SUPERSTITIONS.—There is a popular supposition of wide range, based upon I know not what, that it is very healthful for children to play with dogs. A weak child, it is thought, may gain strength by being with a dog, or, if diseased, the child may be cured by having the animal "take the disease"—for example, inflamed eyes or any disorder of the skin. Within a year a college graduate told me, in perfect good faith, of acquaintances, a Boston doctor and his wife, whose little girl had been greatly afflicted with some form of eczema which they all hoped would disappear, as the parents had purchased a fine dog to play with the child.

When the dog is teething, the upper incisors, according to a New England superstition, must be removed as soon as they become loose, or he may "swallow them and have fits." Perhaps even more generally received is the fancied danger of allowing a child's milk-tooth after extraction to fall into the possession of a dog or cat, lest the animal swallow it, and the child have a dog's or cat's tooth grow in place of the lost one. The Mexicans and Indians in Texas say that every animal has brains enough to tan its own skin; and so the latter, in the case of the wolf, panther, wild cat, and some other animals, is mainly prepared by rubbing into the flesh side of it the brains of its former wearer. A somewhat common fancy among children, perhaps too among adults as well, is that "every part strengthens a part,"—that is, the liver, heart, brains, and so on of animals, when eaten, go directly toward nourishing the corresponding organs in the eater. A similar doctrine was worked out in great detail by the American Indians, and is, I believe, held by many other savage tribes. It seems altogether probable that such beliefs, wherever found among civilized people, old or young, are survivals from remote antiquity, and that they are closely akin in their nature and origin to the well-known doctrine of signatures which has played so great a part in the systems of medicine of primitive peoples.—From "Animal and Plant Lore," by MRS. FANNY D. BERGEN, in the *Popular Science Monthly* for June.

THAT WONDERFUL CIRCULAR.—Dr. Billings, who sent the circular letter to physicians, asking them to aid enumerators in getting a record of diseases, had charge of the medical statistics in the last census, but did not then endeavor to collect the data which are so unpopular now. Dr. Billings's letter has been the subject of much adverse comment, and the practicability of his method of collecting the desired statistics is denied by various statisticians of the government bureaus.

The medical journals throughout the country are beginning to take up the subject, and the mails of the Congressmen now contain protests of all sorts in addition to the indignant letters of constituents A sample of what is being sent to Congress on this subject is shown in the communication received by Representative McAdoo to-day, in the shape of proof-slips of an editorial which will appear in the Druggists' Circular for June. The editorial severely criticises the action of the Census Bureau in proposing the unpopular questions, and adds a new feature to the controversy in the following paragraph:—

"It is hard to say what benefit this would be to the present Administration, unless they wish to put a general line of patent medicines on the market, or expect to turn an honest penny by furnishing addresses to patent-medicine men. There is no doubt that the latter would be a very brilliant scheme, and that the wealthy

patent-medicine manufacturers would be willing to make large campaign subscriptions in order to secure the names and addresses of every one in the country who is affected with rheumatism, consumption, liver complaint, etc. We can see no good in this, and think it very peculiar that a respectable government should go into such a small and disgraceful kind of business."—*N. Y. Sun.*

A PHYSICIAN'S PROTEST AGAINST BILLINGS'S CIRCULAR.—*To the Editor of the Sun*—Sir: I have taken much interest in the articles that have of late appeared in your paper in condemnation of certain of the questions to be asked in the taking of the eleventh census, and have felt you to be right, but my feelings have been especially strong in opposition to the questions of a medical nature. That statistics of medical facts, even when gathered personally by men of high learning in the profession, are often misleading, is generally admitted; and that the medical questions propounded by men having no medical knowledge of, or scientific interest in, what they ask, and answered by those equally ignorant and not at all kindly disposed, can possibly lead to any but a worthless result seems to me to be most sure. So we see how little good is to be accomplished, and that this fact is recognized by the authorities is made evident in the accompanying circular from Dr. John S. Billings.

But it is all wrong that any man should have the authority to invade homes and demand, in the name of the government, that delicate women shall declare their diseases; that fathers shall say why it is they have unhealthy children; that families shall bring from closets any skeletons they may have been successful in keeping hid.

Questions that are asked by the family physician with the greatest delicacy, and even then answered most reluctantly, will be abruptly put by a perfect stranger. All this, I say, is wrong. But what shall we say regarding the circular received this morning from Washington, and which is referred to above. I will say only this: I do not see how any physician, having respect for himself or for his profession, can calmly sit in his office and write down opposite the names and addresses of certain of his patients a detailed account of their diseases, with the idea of ever letting such a list leave his hand, or be looked upon by other eyes than his own.—*A Physician.*

ANOTHER KIND OF A CIRCULAR.—A special from Washington, May 20th, says: "There was an incident in the closing hours of the recent convention of the American Surgical Association in this city, which the doctors are trying to keep quiet. It appears that when the name of Dr. W. S. Halsted, of Johns Hopkins University at Baltimore, was presented for admission to the association, five black balls were deposited in the ballet-box, thus disqualifying him from membership among the limited one hundred surgeons of the United States composing the association. In the discussion which ensued at the secret session of the association it was explained that the action taken in Dr. Halsted's case was not intended in any sense as a reflection upon his skill in surgery or his attributes as a gentleman, but as a rebuke to Surgeon John S. Billings, the chairman of the council, for his attitude toward Surgeon-General John B. Hamilton, of the Marine Hospital service. Friends of Dr. Hamilton declare that for the last four years his name has been presented for admission to the association, but that he had been denied the privilege of becoming a member because of the differences between Surgeon Billings and himself, growing out of the abolition of the National Board of Health, of which the former had been a ruling spirit."—*Exchange.*

ADDENDUM TO THE BRITISH PHARMACOPŒIA.—The list of drugs and preparations recommended for insertion in the next Addendum to the British Pharmacopœia by the Royal College of Physicians is very brief and modest, and not likely to give rise to much discussion. Many of the substances named are already in such general use that this reminder of their present unofficial character will serve mainly to indicate the essentially cautious lines upon which the Pharmacopœia is compiled. Indeed, it is an index of the drugs which have been found by experience to be of general service, and not a mere catalogue of remedies on probation. The drugs recommended are antipyrin, lanolin, sulphonal, strophanthus, hyoscin, hamamelis, and pancreatin. The new preparations include a tincture of strophanthus, prepared according to Professor Fraser's formula; a solution of hyoscin for hypodermic use, the strength of which should not be more than ½ per cent.; a liquid extract of hamamelis, a 1-per-cent. solution of nitro-glycerin, and a 1-per-cent. solution of apomorphin; an oleate of zinc in powder prepared by double decomposition; corresponding mercurous and mercuric oleates; a syrup of tar, prepared according to the formula of the United States Pharmacopœia; Sir Alfred Garrod's sulphur lozenges; and a soluble phosphorus pill. The committee also recommended that green iodide of mercury, stramonium-leaves, iodide of cadmium, and its ointment should be restored to the Pharmacopœia. It was also felt that some good, practical test of the activity of pancreatin should be added, and that the terms antipyrin and nitroglycerin should be changed, the former to some name which does not express any theory respecting its mode of action, the latter to "trinitrin," as being less calculated to cause unnecessary alarm. All of these changes and additions appear desirable, with the exception, perhaps, of the

solution of apomorphine, which, as it is only half the strength of the hypodermic solution, might well be prepared, when required, by simple dilution.

AMERICAN MEDICAL COLLEGE ASSOCIATION.—The following letter concerning the above organization has just been received:—

ST. PAUL, May 22, 1890.

Dear Doctor: Herewith I send you a list of the officers of the "American College Association," an association formed at Nashville on the 21st day of May, in response to an invitation from the medical colleges of Baltimore, Md. I send you this as a matter of news, in case you deem it of sufficient importance for publication in your journal.

There were fifty-seven colleges represented at this meeting by about ninety-five delegates, several of the colleges being represented by two delegates.

I send you the curriculum adopted by this convention. You will observe that colleges to become members of this association must, commencing with the session of 1892, maintain a curriculum requiring, before graduation, three courses of lectures of not less than six months' duration, and an entrance examination requiring a knowledge of composition, Latin, physics, and higher arithmetic. You will perceive that this curriculum, if enforced and lived up to by the colleges, will be a material improvement upon the curriculum of a vast majority of the colleges of the present day. Permit me to state that the spirit of the convention was decidedly in favor of a higher standard of medical education in this country.

Our platform received the indorsement of the "American Medical" at its session the following morning. It will receive the hearty approval of the various State Boards of Health that have medical laws. The new association is inaugurated under a different environment than the old association that went to pieces ten years ago, and we believe that with the strong moral support of a few of your leading journals this association will shortly become a potent factor in inaugurating a substantial improvement over the present lax methods of medical education in the United States. Fraternally,

PERRY H. MILLARD,
Secretary A. M. C. A.

Rules Governing the Admission of Colleges to the American Medical College Association.

1. That the colleges shall require a graded course of instruction, covering a period of not less than three courses of lectures of six months' duration each, before graduation.

2. That both oral and written examinations be required of all students.

3. That a thorough course of laboratory instruction be maintained in chemistry, histology, and pathology.

4. A preliminary entrance examination consisting of:—

1. A composition written in English of not less than two hundred words.

2. The translation of easy Latin prose.

(It is provided, however, that students be allowed one year to make up a deficiency in this examination.)

3. An examination in higher arithmetic.

4. An examination of elementary physics.

It is provided, however, that candidates who are graduates or matriculates of recognized colleges of literature, science, and arts, or graduates of normal schools supported by the different States, be exempt from the provisions of this examination.

By resolution it was determined that the colleges entitled to representation in this convention shall enforce the above curriculum at the commencement of the session of 1892–93.

List of Officers.

President, N. S. Davis, M.D., LL.D., Chicago, Ill.; First Vice-President, Aaron Friedenwald, M.D., Baltimore, Md.; Second Vice-President, H. D. Didama, M.D., Syracuse, N.Y.; Third Vice-President, T. Menes, M.D., Nashville, Tenn.; Fourth Vice-President, Samuel Logan, M.D., New Orleans, La.; Fifth Vice-President, W. H. Pancoast, M.D., Philadelphia, Pa.; Sixth Vice-President, S. A. Lindsey, M.D., Nashville. Tenn.; Seventh Vice-President, W. F. Peck, M.D., Davenport, Ia.; Secretary and Treasurer, Perry H. Millard, M.D., St. Paul, Minn.

HOW BILLINGS'S CENSUS QUESTIONS ARE ANSWERED.—The following comments from the press and physicians show how well the brilliant views of Dr. John S. Billings, forced upon the people, are being received:—

The circular sent out to physicians by Surgeon John S. Billings, U. S. A., in charge of vital statistics and statistics of special classes of the Census Bureau, caused considerable feeling, and the opposition to it is likely to result in defeating the object contemplated in issuing it.

In the paper put out, Surgeon Billings states that "each census-enumerator, in making a list of the living population, is expected to give the names, age, sex, color, occupation, and whether the person is insane, feeble-minded or idiotic, blind, deaf, dumb, crippled, maimed, lame, deformed, or whether so affected with acute or chronic disease or the results of injury as to be unable to pursue his usual business." It is quite certain that the enumerators' returns will only give imperfect information upon these latter points. Many persons will be unwilling to admit

that a member of a family is insane or feeble-minded, or a deaf-mute, even if such is the case.

To remedy this, and to obtain as complete a record as possible of that portion of the population which is more or less physically imperfect or disabled, he asks every physician in the United States to fill out lists of names on forms inclosed to them, containing the information which he doubts that the enumerators will be able to secure. They are assured that all information furnished on these schedules will be considered and treated as strictly confidential. No names will be published, and only the total figures will be given to the press.

The doctors are little inclined to accept the assurances of secrecy as a recompense for severing the confidential relations existing between them and their patients, and, with few exceptions, look upon the request as ill-timed, if not impertinent, and one that deliberate consideration and good judgment would have withheld from circulation.

"The entire medical fraternity will condemn that circular," said Dr. John B. Hamilton, supervising surgeon-general of the Marine Hospital Service.

"Doctor Billings made an attempt similar to this before, and made a complete failure. He came down to the American Medical Association, which has been holding its session in Nashville. It was said that he contemplated presenting resolutions there to secure the indorsement of the convention to his circular, asking medical men to answer his questions, but on sounding around he found that it would not be agreeable to do it, and he departed from the city the second day after his arrival.

"When Dr. Flint died, Dr. Billings, through the influence of some persons connected with the University of Pennsylvania, was appointed to deliver the address at the British Medical Association. He offended the profession by inserting in his address, "that owing to the malaria prevailing in the South and West, no great intellects had been developed in the profession in those localities." It might be imagined that after this declaration Billings was not a popular fad with the profession, especially in the South and West.

"But to return to this peculiar investigation. It is held by the medical fraternity that they have no right to inform the census enumerator, nor any of the bureaus, of the ailments of their patients, or the infirmities of their acquaintances, and to a man they will decline to answer the interrogatories. The questions are ill-advised, impracticable, and show a total lack of appreciation of the situation. The Medical Association of this district will hold a meeting to-night to consider this question. There is no intention to evade the law, but physicians are not enumerators, and are not obliged to answer questions propounded to them about their neighbors. They will answer anything concerning themselves and their families, and expect the enumerator to secure the balance of the information desired."

"The Supreme Court of the United States has decided," said Dr. H. L. E. Johnson, "that confidential communications between patients and their physicians shall not be made public, even in a court of justice. The opinion was delivered by Justice Field, and was the unanimous opinion of the court. That should have some weight in responding to this circular."

"I have received the circular," replied Dr. James T. Young, "but could not think, as a professional man, of furnishing the information if I possessed it. Such a thing would be highly improper, and likely to destroy all confidential relations existing between a physician and his patient."

"I am perfectly willing," said Dr. Z. T. Sowers, "to do all that I can to increase the value of the statistics. Yet I don't feel that I am at liberty to answer any of the questions asked in the circular, a copy of which I have received.

"I am opposed to giving out the complete statistics because it would destroy confidence between physician and patient; besides, it would make the doctor a purveyor of family secrets. There are some cases, however, well known to the public, and which no effort has been made to conceal, and I cannot see where there would be any injustice done in reporting those. If, in other cases, no objection was made by the family to their being reported, I cannot see who would be harmed in publishing them. But I should insist that the family be first consulted in all cases before anything at all was said in relation to them."

"I cannot furnish the information Dr. Billings desires," said Dr. Hamilton E. Leach. "It would be doing injustice to those whom I attend, and terminate confidential relations between my patients and myself."

"It looks very much like acting the spy," said Deputy-Coroner E. M. Schaeffer. "I don't see how any respectable physician can furnish the data and expect to continue his practice. He would not be wanted where known, and those calling him would not be likely to trust him."

"I have a private hospital here," said Dr. J. Taber Johnson, "mostly patients from outside the district, who would not be enumerated in the census at home, and I gave the usual information required. None of my patients are suffering from the diseases Dr. Billings is inquiring about. I agree with other physicians that their relations to patients are such that it would be unprofessional to disclose their disease."—*Washington Post*, May 29th.

BOOK REVIEWS.

How to Preserve Health. By LOUIS BARKAN, M.D. American News Company, New York, 1890.

We are pleased to observe in this simple work much reference made to hygiene, especially of organs, age, occupation, and dwelling. In a brief manner the author in turn speaks of the various special diseases and gives some very suitable advice.

Natural Method of Physical Training. By EDWIN CHECKLEY. Brooklyn, N. Y.: William C. Bryant & Co., 1890.

The author of this work has studied well the human body, and the best method of training. The pages devoted to obesity are good, and if followed would lead to the best results. Training for men, women, and children are all carefully referred to by the author.

Electricity in the Diseases of Women. With special reference to the application of strong currents. By G. BETTON MASSEY, M.D. Second edition, revised and enlarged. Philadelphia and London: F. A. Davis, publisher, 1890.

The rapid sale of the first edition of this useful volume made it necessary for the publisher to issue this second edition. It contains very many additions, especially on subinvolution and chronic inflammatory diseases of the appendages. Dr. Massey stands, as an author and teacher, from the text of this work, one of the foremost in his profession upon the use of electricity in diseases of women. The work is practical, useful, and most enjoyable, even for the busy physician.

Food in Motherhood, or How to Maintain Health. By EPHRIAM CUTLER, M.D., LL.D. London: David Stolt, 370 Oxford Street, W., 1890

Chapter I of this practical work treats of the objects of food in motherhood. The author, by his wise advice in offering good suggestions, shows his thorough knowledge upon this much-neglected subject. Principles that may govern the choice of food, and particular considerations of food, the portions devoted to Chapters II and III, likewise demonstrate many valuable points. It is in Chapter III that the mother learns the time and how to wean the baby. From the intensely practical manner in which Dr. Cutler puts this part of the text we would say he had much practical experience. The book abounds through its pages in recommendations of the utmost use to motherhood.

Wood's Medical and Surgical Monographs. Published monthly. Price, $10.00 a year, single copies. May, 1890.

The contents of this volume are: Insanity at the Puerperal, Climacteric, and Lactational Periods, by W. Bevan Lewis, V.R.C.P.; Treatment of Diseases of Women by Massage, by Dr. Robert Ziegenstack; The Treatment of Internal Derangement of the Knee-joint, by Herbert William Allingham, F.R.C.S.; and Idiopathic Enlargements of the Heart, by Dr. Oscar Fraentzel. The several essays are by most prominent writers, and contain very many suggestions which will be appreciated by the reader. The contribution upon massage in diseases of women is, probably, the one having more recent recommendations for the active physician. The author shows by his writing the very many diseases in which massage has been found especially curative.

Some Fallacies Concerning Syphilis. By E. L. KEYES, M.D. Physicians' Leisure Library, 1890. George S. Davis, Detroit, Mich. Pp. 71. Cloth, 50c.; paper, 25c.

Dr. Keyes is one of the best authorities, both by his writings and teachings, upon syphilis in the world. Each paper and work that has appeared from his pen add very many valuable additions to this all-important subject. Thirteen fallacies are spoken about by the author in a most interesting way. Fallacy number twelve is one of the most striking referred to. In this Dr. Keyes says every medical graduate thinks himself fully competent to manage syphilis. All he has to do is to make a diagnosis, and then give mercury for secondaries and potash (as he terms it) for tertiaries, and he is sure to succeed. This is far, the author says, from being the case. Outside, he continued, of the intricacies of diagnosis in many conditions of obscure syphilis, tact and judgment are all-essential to the proper management of this protean and persistent malady. The author continues, from this golden rule, to follow with most valuable advice. Every fallacy referred to contains matter of the greatest value to physicians.

The Popular Science Monthly for May, 1890. D. Appleton & Co., N. Y.

The present issue of the Monthly contains a well-merited tribute to Dr. Edward Livingston Youmans, its founder, by John Fiske. The difficulties and trials encountered by Dr. Youmans in early life, owing largely to his loss of sight, can scarcely be appreciated by us at the present day, and yet he was able to accomplish results that will have an influence through all time. Dr. Youmans was enterprising, progressive, and thorough, but above all he had the faculty of indicating the practical applications of accumulated knowledge, and to him we are indebted for much of the popular demand for scientific information. It is a mistake to suppose that well-directed scientific efforts will not be felt outside of the colleges, the great cities, or centres of education, as the reviewer has learned from personal experience. In many of the smaller

towns throughout the great West may be found well-educated men and women, who will tell you just the exact differences between certain scientists, and who mention Huxley, Spencer, Proctor, and other well-known authors in a manner which leads to the conclusion that they are familiar with their work. Dr. Youmans was always regarded by these students with the greatest respect, whom they learned to regard not as a partisan, but rather as the just judge, and doubtless he has unwittingly settled many a dispute. Dr. Hammond contributes a paper on sumptuary laws, and the number contains, besides, quite a collection of interesting papers, among which may be mentioned a sketch of Henry R. Schoolcraft.

Clinical Diagnosis: The Bacteriological, Chemical, and Microscopical Evidence of Disease. By RUDOLF V. JAKSCH, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the German University of Prague. Translated from the second German edition by JAMES CAGNEY, M.A., M.D., Demonstrator of Anatomy St. Mary's Hospital Medical School, etc. With an Appendix by WILLIAM STIRLING, M.D., Sc.D., Brackenbury Professor of Physiology and Histology in the Owens College and Professor in the Victoria University, Manchester. With numerous illustrations (partly in colors). London: Charles Griffin & Company; Philadelphia: J. B. Lippincott Company, 1890.

Jaksch's work has acquired some time ago a great reputation in German-speaking countries. The reproduction in England of the work by Dr. James Cagney, with an appendix by Dr. William Stirling, has increased very much the value of this able volume. The life-giving fluid, the blood, is described in Chapter I, and the parasites, both vegetable and animal, found in it are treated of in a most interesting manner to those who even glance through the pages of this part of the volume. For example, Tubercle Bacilli in the Blood, given on page 32, are admirably illustrated by a very good colored plate. In Chapters II, III, and IV the buccal and nasal secretion and the sputum are referred to in such a way as to attract attention by even a casual look through the pages. The character and constitution of the sputum in the principal diseases of the lungs and bronchi form one of the most practicable portions of this work. Jaksch here states from his knowledge and experience, which will be of much assistance to others, that it does not necessarily follow from the presence of the bacillus in the sputum that a fatal termination is impending. The author, he concludes, has met with such cases in which the patient eventually recovered, but they are very rare. In the several succeeding chapters an account is given of the various secretions of the body, all interesting, all useful, and all practical for the physician to know. Dr. James Cagney has added an immense amount of literature to this excellent work, which is enclosed in brackets, and also given in a full Bibliography at the end of the volume. The Appendix of Professor Stirling is of great service to all English readers, containing, as will be seen, very many invaluable suggestions and facts of the utmost importance. The book prepared by this intellectual trio of men, who possess a practical and a world-wide reputation, will be of assistance to the author, student, and practitioner.

A Treatise on Orthopedic Surgery. By EDWARD H. BRADFORD, M.D., Surgeon to the Children's Hospital, Boston City Hospital, etc., and ROBERT W. LOVETT, M.D., Surgeon to the Samaritan Hospital, etc. Illustrated with 789 wood-engravings. Series of specialties in the practice of medicine. New York: William Wood & Co., 1890.

The authors of this extensive and well-prepared volume, in their preface, pay a beautiful tribute to Dr. Lewis Sayre, of New York, as follows: The writers of previous works on orthopedic surgery have confined themselves to a consideration of the treatment of existing deformities, such as club-foot, lateral curvature, and bow-legs. The only conspicuous exceptions to this is found in the excellent book of Dr. Sayre. This work, introduced in the plainest manner to the profession, is both scientific, thorough, and practical. It is divided into thirty-five chapters, and each one contains much of value in orthopedic surgery. Chapter I describes, in a most vivid manner, Pott's disease, so as to make it very well understood by the reader. The wood-cut illustrations in this chapter are numerous and very good, showing some of the terrible deformities resulting from this disease. The treatment laid down abounds in many invaluable suggestions. The authors take occasion, at some length, to describe the treatment by means of Sayre's plaster jacket. The authors have stated, in this disease, that with the proper application of the plaster jacket began a new era in the treatment of Pott's disease, and for this much honor is due Dr. Sayre, who was so influential in bringing this useful measure to the notice of the profession. It brought a ready means of treatment, they add, within the reach of thousands of patients who could not have been helped by the prevalent methods of treatment. The pathology, etiology, course, and termination of a chronic joint-disease is referred to at length in Chapters IV and V. All the modern research known to science, in relation to the microscopical examination of tissue and bone, are here introduced. Subcutaneous injec-

tion of solutions of iodoform into tubercular granulation tissue in fungous diseases of joints and the irrigation of joints with aseptic solutions are spoken about, and instances given of their employment. Another disease of great importance for all physicians to thoroughly master is included in Chapter VI—hip disease. The pathology is recounted in a very attractive manner, and is followed with a practical clinical history, in which a table of value is appended, showing the temperature of children with hip disease. The treatment recommended includes all that is known upon this affection to date of issue of this work. Numerous splints are spoken about and illustrated for the reader, which makes all the treatment so much easier for the busy physician to grasp. The treatment of complications and operative treatment occupies many pages, and contains many practical views for the active practitioner.

The authors have certainly given to the profession an unusually good work upon orthopedic surgery, in which they give all the special workers the just credit which is due them in this department of medicine.

Cyclopædia of the Diseases of Children, Medical and Surgical. The articles written especially for the work by American, British, and Canadian authors. Edited by JOHN M. KEATING, M.D. Volume III. Illustrated. Philadelphia: J. B. Lippincott Company, 1890.

We have referred at length to the first and second volumes of this extensive and authoritative work in previous numbers of the BULLETIN. Volume III, now before us, is not only equal, but in very many respects surpasses in interest the two other portions. Diseases of the digestive system are treated of in Part I. Dr. William Pepper, who is a well-known authority upon the digestive system, gives a contribution of much merit upon Functional Disorders of the Stomach. The busy physician at a glance will be able to see very many expressions in this article of great value. Here and there throughout the text prescriptions are given which will be to the reader both interesting and useful. Hare, Hart, Edwards, Booker, Earle, Jacobi, Councilman, Turpar, Keen, Ashley Yerger, Wharton, and Packard, all well-known writers, have given contributions upon the digestive system which cannot fail to be appreciated by the readers of this volume. Dr. Senn, who has been especially active in surgery of the abdomen, has written an essay upon Diseases of the Pancreas and their Operative Treatment, which is a model in itself. The liver and its diseases receive attention from such writers of experience as Chapin, Unster, and Hatfield. Diseases of the Genito-Urinary Organs receive attention from Fowler, Goodhart, Morris, Jacobi, Hunt, Williard, Lee, Vanderveer, Sturgis, Keating, Kelly, Marshall, and Tyson, each of whom adds an interesting article to this second part of the work. Tyson's contribution upon Albuminuria in Children contains much of service to the physician. In speaking of the treatment of hæmaturia and hæmoglobinuria, which are what he calls identical, cases which do not yield to the accepted treatment may be regarded as suffering from idiopathic hæmaturia and hæmoglobinuria. By far the best remedies for these, he writes, are the natural mineral waters, as those of Rockbridge Alum Springs, the Bath Alum Springs, or the Wallawhatoola Alum Springs, all in Virginia.

The blood and blood-making apparatus is also considered under Part II by Dr. J. P. Crozier Griffith. The various changes in the blood are here represented by some very fine plates. Surgery is treated of in Part III by Dulles, Martin, McCann, and Allis. The subject introduced by Dr. Oscar Allis on Anæsthetics and Anæsthesia is especially fine. The author gives under this subject his practical observations, including many suggestions of rare value in the administration of anæsthetics. A single inhaler for the use of anæsthetics, which has been employed and described several times by Dr. Allis, is here referred to. Part IV, the concluding portion of this volume, is devoted to Diseases of the Osseous System and of the Joints. Under this important general subject very many valuable contributions are made upon diseases of children. One of the very interesting and at the same time instructive topics written about is Lateral and Functional Curvatures of the Spine, by Dr. V. P. Gibney. The author demonstrates each portion of this subject with very many graphic figures and photographs, showing the slight and marked differences that are found in patients having a disease of the spine. He also points out the fact that the deformity exists more in girls than in boys, the proportion being four to one. We are pleased to note that this author uses and commends for disease of the spine the plaster-of-Paris corset, the application recommended with so much service for many years by the distinguished Dr. Lewis Sayre, of New York. Medical Gymnastics, now employed so generally, is also recommended by Dr. Gibney, who states that it is gaining ground as a method of treatment.

In addition to the important paper just alluded to, Neilson, Ketch, Bradford and Brachett, Macewen, Roberts, Packard, Steele, Poore, Kinloch, Gerster, and Hopkins, all authorities and prominent writers upon diseases of the osseous system and joints, have furnished articles for this volume which are both creditable and serviceable to the medical profession they so well represent. Keating's third volume is full of original material, and gives the physician a book of scientific and practical value.

CURRENT MEDICAL LITERATURE

The Animal Suture: its Place in Surgery. Marcy.

New York Cancer Hospital. Fifth Annual Report, 1889.

Disinfection During and After the Acute Infectious Diseases. McCaskey.

Eighteenth Annual Report of the Franklin Reformatory Home for Inebriates of Philadelphia.

Fact and Theory Papers. No. 1, The Suppression of Consumption. By G. W. Hambleton, M.D.

University of Pennsylvania. Hand-book of Information Concerning the School of Biology. Philadelphia, 1889.

The Local Treatment of Syphilitic Phenomena. By G Frank Lydston, M.D, Chicago. Reprint from the Cincinnati Lancet-Clinic.

Seventy-third Annual Report of the Managers of Friends' Asylum for the Insane, Philadelphia. Established 1813. Incorporated 1888.

An Epitome of Tripler's Manual and other Publications on the Examination of Recruits. By Charles R. Greenleaf, Major and Surgeon, U. S. A.

Remarks on Hypertrophy and Atrophy of Tissue. By G. Frank Lydston, M.D., Chicago. Reprint from New Orleans Medical and Surgical Journal.

Sixty-sixth Annual Announcement of the Jefferson Medical College of Philadelphia. The Session of 1890–91 will begin on Wednesday, October 1st.

A Lecture on Sexual Perversion, Satyriasis, and Nymphomania. By G. Frank Lydston, M.D., Chicago. Reprint from Philadelphia Medical and Surgical Reporter.

The Purification of Water by Means of Metallic Iron. By Easton Devonshire, Assoc. M. Inst., C. E. Eng. Reprinted from the Journal of the Franklin Institute, Philadelphia, June, 1890.

A Practical Splint for Inflammatory Conditions of Joints. By Charles F. Stillman, M.Sc., M.D., Chicago, Member of the American Orthopædic Association. Reprinted from American Lancet, March, 1890.

The Treatment of Torticollis (Wryneck). By Charles F. Stillman, M.Sc., M.D., Chicago, Member of the American Orthopædic Association, etc. Reprinted from the North American Practitioner, March, 1890.

The Blunt Curette in Uterine Hæmorrhage. By Thomas W. Kay, M.D., Scranton, Pa., ex-Surgeon to the Johanniter Hospital at Beyrout, Syria. Reprinted from the New York Medical Journal for November 2, 1889.

Hepatic Fever. The Middleton-Goldsmith Lecture for 1890, delivered before the New York Pathological Society, January 15, 1890. By William Pepper, M.D., LL.D., of Philadelphia. Reprint from the Medical News, March 29, 1890.

A Rational Brace for the Treatment of Caries of the Vertebræ (Pott's Disease). By Charles F. Stillman, M.Sc., M.D., of Chicago, Member of American Orthopædic Association. Reprinted from the Northwestern Medical Journal, 1890.

Fever, Thermotaxis, and Calorimetry of Malarial Fever. By Isaac Ott, M.D., ex-Fellow in Biology Johns Hopkins University, ex-President American Neurological Association, etc. Published by the Journal of Mental and Nervous Disease, N. Y.

Stricture of the Rectum; Intestinal Obstruction; Inguinal Colotomy. A Clinical Lecture delivered at the New York Post-Graduate Medical School Hospital. By Charles B. Kelsey, M.D., Professor of Diseases of the Rectum. From the Medical News, April 26, 1890.

Cerebral Surgery. Observations by H. H. A. Beach, M.D, Visiting Surgeon, Massachusetts General Hospital. I. Traumatic Epilepsy: Operation, recovery. II. Tumor of Brain: Operation, death. Reprinted from the Boston Medical and Surgical Journal of April 3 and 10, 1890.

The Address in Medicine. By N. S. Davis, M.D., LLD., of Chicago, Ill. Delivered at the Forty-first Annual Meeting of the American Medical Association, held in Nashville, Tenn., May 21, 1890. Reprinted from the Journal of the American Medical Association, May 24, 1890.

The Four Commencements. Valedictory Address to the Graduates delivered at the close of the Fifty-third Session of the Medical Department of the University of Louisville, February 28, 1890. By J. M. Bodine, M.D., Professor of Anatomy and Dean of the Faculty. Published by request.

Benjamin Rush. By William Pepper, M.D., LL.D., Provost and Professor of Theory and Practice of Medicine in the University of Pennsylvania. An Address delivered before

the American Medical Association at its Annual Meeting in Newport, R. I., June, 1889. Reprinted from the Journal of the American Medical Association, April 26, 1890.

The Treatment of Pelvic Hæmatoma and Hæmatocele by Galvanism. By Augustin H. Goelet, M.D., New York, Fellow of the New York Academy of Medicine and of the New York Obstetrical Society. Read before the New York Academy of Medicine, Section in Obstetrics and Gynæcology, February 27, 1890. Reprinted from Gaillard's Medical Journal for April, 1890.

The University in Modern Life. An Address delivered before the College Association of the Middle States and of Maryland, at its Annual Meeting at the University of Pennsylvania, November, 1889. Remarks made at the Banquet of the Alumni of Columbia College, New York, February 3, 1890, in response to the toast, "The Ideal University." By William Pepper, M.D., LL.D.

Pneumonia, with Special Reference to its Treatment. Written by programme appointment to be read before the Kentucky State Medical Society, at Richmond, Ky., June, 1889, but owing to enforced absence of writer was not read. By J. P. Thomas, M.D., Ph.G., of Pembroke, Ky., ex-President Kentucky State Medical Society, etc. Reprint from the New England Medical Monthly.

Electrolysis in the Treatment of Stricture of the Rectum. By Robert Newman, M.D., of New York, Consulting Surgeon Hackensack Hospital, late Surgeon Northwestern Dispensary. Read in the Section of Surgery and Anatomy, at the Fortieth Annual Meeting of the American Medical Association, June, 1889. Reprinted from the Journal of the American Medical Association, May 17, 1890.

A Consideration of Sexual Neurasthenia. By Bransford Lewis, M.D., of St. Louis, Mo., Lecturer on Genito-Urinary Surgery, Missouri Medical College; Editor Weekly Medical Review; Late Assistant Superintendent City Hospital, St. Louis, Mo. Read before the Medical Association of the Missouri Valley, at St. Joseph, March 20, 1890. Reprint from Weekly Medical Review, April 19, 1890.

Twenty Consecutive Cases of Abdominal Section. By L. S. McMurtry, A.M., M.D., of Louisville, Ky., Gynæcologist to Sts. Mary and Elizabeth Hospital; ex-President of the Kentucky State Medical Society, Fellow of the American Association of Obstetricians and Gynæcologists, Fellow of the Obstetrical Society of Edinburgh. Reprinted from the Transactions of the Southern Surgical and Gynæcological Association, November, 1889.

Pulmonary Consumption in the Light of Modern Research. By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis, New York Post-Graduate Medical School and Hospital; Attending Physician, Out-Door Department, Diseases of the Chest, Bellevue Hospital; Author of Exploration of the Chest in Health and Disease. From the New York Medical Record, April 12, 1890.

The Relation of Tonsillitis to Rheumatism. By S. J. Radcliffe, A.M., M.D., of Washington, D.C., Member of the American and British Medical Associations, Washington Microscopical Society, etc. Read by Title in the Section of Laryngology and Otology, at the Fortieth Annual Meeting of the American Medical Association, June, 1889. Reprinted from the Journal of the American Medical Association, April 12, 1890.

Injuries of the Bladder during Laparotomy; including a report of 67 cases. By A. Reeves Jackson, A.M., M.D., Professor of Gynæcology in the College of Physicians and Surgeons of Chicago; Fellow of the American Gynæcological Society, British Gynæcological Society, Chicago Gynæcological Society, etc. Read in the Section of Obstetrics and Diseases of Women at the Fortieth Annual Meeting of the Americal Medical Association, June, 1889. Reprinted from the Journal of the American Medical Association, February 22, 1890.

The Preferable Climate for Consumption, or the Comparative Importance of different Climatic Attributes in the Arrest of Chronic Pulmonary Disease. By Charles Denison, A.M., M.D., Professor of Diseases of the Chest and of Climatology, Medical Department, University of Denver; author of "The Rocky Mountain Health Resorts," and "The Annual and Seasonal Climatic Charts of the United States." Reprinted from the Transactions of the Ninth International Medical Congress, held at Washington, D. C., September, 1887, vol. v. By order of the Legislature of Colorado.

Exploratory Laparotomy. By Henry O. Marcy, A.M., M.D., LL.D., of Boston, Mass.; President of the Section of Gynæcology, Ninth International Congress; late President of the American Academy of Medicine; Member of the British Medical Association; Member of the Massachusetts Medical Society; Member Boston Gynæcological Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; late Surgeon U. S. Army, etc. Read in the Section on Surgery, at the Thirty-ninth Annual Meeting of the American Medical Association, May, 1888. Reprinted from the Journal of the American Medical Association, January 26, 1889.

COMMERCIAL NEWS.

Uterine Wafers.

The following address to physicians was published in St. Louis Medical Brief, September, 1889:—

I wish to call the attention of the medical profession to Micajah's Medicated Uterine Wafers.

I am an old physician, have done a great deal of female practice, and I know that I have been as successful in the treatment of female diseases as any one; but since using the Wafers I have surpassed myself, and while I practice medicine I shall use them.

I can't tell you how much I value them. They come nearer being a specific for every uterine disease than anything. They are so convenient to use. They almost do away with the use of speculums as telescopes to view the uterus, and other instruments, relieve the doctor of much trouble, and save female delicacy. Think of the timid woman while being treated in the old way!

The experienced physician can diagnose his case by the touch, and she can then treat herself. The doctor does not have to go every day with his speculum in one hand and his nitrate of silver (or some like thing) in the other.

Since I have been using the Wafers, about four years, I have not had use enough for a speculum to buy one. I would be almost tempted to sell the one I have. I know there are cases where they could not well be dispensed with. In many cases, the old way will pay the doctor best. I prefer the new. Give me Micajah's Wafers and a few uterine tonics, and I can do all that can be done, unless in a few cases where mechanical means have to be resorted to.

Let the specialist start out. I can follow on and cure ten to his one; my outfit will be Micajah's Medicated Uterine Wafers, viburnum, black and blue cohosh, and such like.

Now, sir, I mean all I say, and a great deal more. There is but one thing to do to establish their value with any one, and that is to try them. I wish every doctor would test and use them. I wish every suffering female knew about them.

D. Eldridge, M.D.,
Apalachicola, Florida.

It is seldom that you will find genuine scientific instruction in advertising pages, yet if you will turn to page 2, occupied by the McArthur Hypophosphite Co., of Boston, you will find it there of a very instructive and interesting character.

Insomnia.

Extract from an article in the Medical Press and Circular, by Edward Warren Bey, M.D., C.M., LL.D., D.M.P., Chevalier of the Legion of Honor, 15 Rue Caumartin, Paris:—

To those familiar with the use of Bromidia (Battle) no argument is necessary, for it speaks for itself, by fulfilling the indications for which it is administered with a certainty, efficiency, and harmlessness, which elicit at once the wonder of the patient and the delight of the prescriber, and give to the profession the assurance of possessing one remedy at least which approximates so near to infallibility of action as to justify the title of specific.

A Valuable Prescription for Dyspepsia.

℞ Tinct. colombæ, . . 2 ounces.
Celerina (Rio), . . 6 ounces.
M. Sig.: Teaspoonful thrice daily.

A. Page, M.D., Rushmore, O., says: I have prescribed Aletris Cordial (Rio) in preference to all other similar preparations for a period of two years with no failure in a single instance. I also spoke of its merits in our last meeting of the Northwestern Ohio Medical Association, in a paper which I read before that body. I treated a case of a young lady of twenty-three who had been troubled with excessive menstruation for five years amounting almost to hæmorrhage, at each period, and lasting ten days. Prescribed Aletris Cordial to be taken in drachm doses four times a day, commencing five days before each period; the first bottle reduced the discharge perceptibly and shortened the duration from ten to six days; ordered it to be taken during the interim of the next period and the result was almost magical, the second period being reduced to four days, which was normal and the discharge the same. The patient has now been eight months without any treatment, and she, as also myself, considers the case permanently cured.

Epilepsy of Thirty Years' Standing.

In an old case of epilepsy of thirty years' standing I used Peacock's Bromides with marked success and decided benefit. Patient had from three to six seizures usually in twenty-four hours. Under the use of Peacock's Bromides the patient is almost entirely free from further attacks, and otherwise generally improved.

J. S. Brunner, M.D.,
Bay Port, Florida.

Index to Advertisements.

A classified index of advertisements appearing in the Medical Bulletin will be found on page 39 of the current issue.